DOCUMENT RESUME

ED 115 025 EC 080 422

AUTHOR	McGrady, Harold J.; Anderson, Carolyn S.
TITLE	Screening and Identification Procedures in the Child Service Demonstration Programs. Final Report.
INSTITUTION	Arizona Univ., Tucson. Dept. of Special Education.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
BUREAU NO	BR-H-127145B
PUB DATE	Jun 74
GRANT	OEG-0-714425
NOTE	257p.
EDRS PRICE	MF-$0.76 HC-$13.32 Plus Postage
DESCRIPTORS	Conceptual Schemes; Delivery Systems; Elementary Secondary Education; Exceptional Child Education; Exceptional Child Research; Guidelines; *Identification; *Learning Disabilities; *Models; *National Surveys; *Screening Tests
IDENTIFIERS	Child Service Demonstration Projects

ABSTRACT

Described and analyzed are procedures used in 38 Child Service Demonstration Projects throughout the U.S. for screening and identifying learning disabled children (LD). It is emphasized that the purpose of the project was to report viable alternatives for screening and identifying LD children rather than to recommend one particular model or screening test as the best. Information given on each of the 38 projects includes the delivery system for intervention (such as an LD resource room), the initial entry system utilized (such as teacher referral), and the personnel involved in decision-making (such as parents and psychologists). Flow charts provided depict the information gathering, information transmittal, decision-making and administrative procedures used in determining a child's eligibility for LD intervention. Among findings reported are: that the resource room is the most prevalent delivery system for LD children in public schools; that almost 80 percent of the projects use teacher referrals to identify potential LD children; and that emotional disturbance is the condition most likely to be specifically invoked as an exclusion criterion. Appended is the interview form used to gather data on projects. (LS)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED115025

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

SCREENING AND IDENTIFICATION PROCEDURES IN THE CHILD SERVICE DEMONSTRATION PROGRAMS

Harold J. McGrady
Carolyn S. Anderson

EC 080 422

Leadership Training Institute in Learning Disabilities
Department of Special Education
College of Education
University of Arizona

Department of Health, Education, and Welfare
U.S. Office of Education
Bureau of Education for the Handicapped

Final Report
Project No. H 12-7145B
Grant No. OEG-0-714425

Leadership Training Institute in Learning Disabilities
Department of Special Education
College of Education
University of Arizona
Tucson, Arizona

June, 1974

The activity which is the subject of this report was supported in whole or in part by the U.S. Office of Education, Department of Health, Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Office of Education, and no official endorsement by the U.S. Office of Education should be inferred.

Acknowledgements

The authors would like to express profound gratitude to the Project Directors and other personnel from the CSDPs. They contributed hours of their time, their materials, and their opinions regarding the screening and identification process. They were universally honest, candid, and cooperative in our interviews on the phone, or in person. They provided far more information than we were able to analyze within the brief span of time allotted for closing out the study. We are hopeful, however, that our flow-charts and notations will depict as accurately as possible, not only what they have done, but some of their philosophies and feelings about the process.

We also wish to thank our colleagues at the LTI-LD, faculty of the Department of Special Education at the University of Arizona, and other professional colleagues who contributed thoughts for our consideration as we evolved the study. Dr. Gerald Senf and Mrs. Cathy Crafts were especially helpful in the design of the study and the conduct of the interviews, respectively. Pamela Tyree, Nancy Spence, Diane Simrin, and Fran Record spent many hours typing manuscripts, tables, and charts. Their untiring efforts are here recognized and appreciated.

TABLE OF CONTENTS

Acknowledgements i

Table of Contents ii

List of Tables iii

List of Figures iv

Introduction 1

Purposes and Premises 1

Procedures 3

Report of Findings 4

Delivery Systems for Intervention 5

Initial Entry Systems 7

Types of Decisions 9

Format and Conventions Used in Flow Charts ..... a

Figural Conventions ..... b

Verbal Conventions c

Other Conventions c

Notations for Each Flow Chart ..... e

Appendix A -- Interview Schedule ..... f

Flow Charts and Notations A-1

LIST OF TABLES

Table		Page
1	Delivery of Services Systems	5
2	Delivery Systems Utilized in CSDPs Surveyed (N=38)	6
3	Numbers and Percentages of the 38 Projects Which Utilized Each Delivery System (Singly or in Combination)	6
4	Initial Entry Systems Utilized by CSDPs for Screening of Potential LD Children	8
5	Key for Eligibility Decisions Needed in Determining Whether a Child Qualifies as Learning Disabled	10
6	Key for Letter Notations According to the Parameters for Inclusion Decisions	11
7	Conditions Which Specifically Excluded a Child from Consideration as a Learning Disabled Child by CSDPs	13
8	Numbers of Times Each Type of Inclusion Decision was Used as a Criterion for Determining Eligibility as a Learning Disability by CSDPs	14
9	Numbers of Times and Percentages Each Type of Inclusion Decision was Used as a Criterion for Determining Eligibility as a Learning Disability by CSDPs	15
10	Discrepancy Decisions vs. Deficit Decisions	15

LIST OF FIGURES

Figure		Page
1	Major Stages of Screening and Identification Systems	4

INTRODUCTION

As part of the overall research effort by the LTI-LD, we engaged in an analysis of the screening and identification processes utilized in the various Child Service Demonstration Projects (CSDPs) throughout the United States. These projects had been in existence as model programs in 43 states for periods ranging from one to three years under Title VI-G funding. In many instances these projects were built upon efforts of several years prior to the Title VI-G. Thus, we felt that the processes utilized by the CSDPs for screening and identification of children were probably representative of the array of best efforts in such activities throughout the country at the time of the study (October 1973-June 1974).

PURPOSES AND PREMISES

Our primary purpose in this investigation was to create a better understanding of the viable alternatives for screening and identifying children in determining whether they are eligible for delivery of services as children with SLD. Please note some underlying premises of our study.

1) We did not assume that there is only one best model for screening and identification of SLD children. Rather, there are many models or systems for carrying out this process. And, we begin with the assumption that a number of these systems, or their modifications, may be equally viable, depending upon other variables. In our study we hoped to lay out, then, alternative systems for screening and identification. We also intended to lay out the effects of other variables in determining which model would be the optimum choice among all alternatives in a given situation. Variables might include: age or grade, type of delivery system, size of school district, size of geographic boundaries, availability of various types of professional personnel, availability of supportive services for L.D. and other handicapping conditions, length of time over which L.D. services have been available in the system, etc.

Because the funding of this project was terminated, time did not allow us to accomplish this latter goal. Rather, our report here consists primarily of a description of the screening and identification systems, together with some conclusions and analysis of the decision-making process.

Since we assumed that there are a number of viable alternatives to the screening and identification process, our research activity centered around three objectives:

a) Identifying the variety of systems used in screening and identification by the CSDPs;

b) Creating a model for classifying or categorizing the decision-making process utilized in the screening and identification systems; and

c) Suggesting what variables are of importance in deciding which system to select at a given locale.

2) Another assumption was that we should not focus on a specific test, battery of tests, or screening index in our analysis of screening and identification. We did not wish to end our study by recommending a single test to be used by all in screening. Again, our aim was to lay out valid alternatives as far as the use of screening instruments is concerned.

Consequently, our study focused on the analysis of the decision-making process for screening and identification of SLD children. Questions of importance here were as follows:

a) What types of children were the screening and identification process attempting to uncover? And what delivery system was the screening aimed at?

b) In what person (or persons) was the decision making centered? (e.g. Was it a psychologist-oriented system; an L.D. Specialist-oriented system; a team-oriented system, etc?)

c) What were the stages of the decision-making process, and what was the sequence of these stages? (e.g. When is the exclusion of non-SLD handicapping categories, such as MR, ED, or sensory deficits accomplished?)

d) What provisions were made within each system to bring together adequate information to make the necessary decisions at each stage? Here we were concerned with all forms of information, such as cumulative records, testing, observations, effects of previous teaching, interviews--whatever information was utilized by each system.

Regarding the gathering of information, we were concerned about several questions: Was the information adequate to make the decision required? What were the criteria at a given stage for a given decision? Who made the decision at a given stage? What competencies are needed by a person to make that decision? Was information gathering and/or decision making redundant throughout the system? Were there checks and balances within the system to avoid premature or unwarranted decisions?

In this final report, we do not make definitive conclusions or evaluative statements regarding the above questions for each specific screening and identification system. Rather, we leave it to the reader to use these questions as a guideline in evaluating the systems as they are described in flow chart form in the following sections of this report.

Furthermore, we would suggest that these questions (and others we have posed) can be used as part of a systems analysis approach by any professional who wishes to evaluate an operational screening and identification system, or a system that he may contemplate utilizing.

PROCEDURES

The essential aspect of this report consists of a description of 38 CSDP Screening and Identification systems, presented in flow chart forms, together with explanatory notations. Although there were 43 Child Service Demonstration Projects funded under Title VI-G at the time of our study, data were not collected from seven projects. The reasons included a) screening system not yet established in a new project; b) screening system not utilized by the project; c) lack of success in arranging an interview. There were 38 systems, however, in our analysis because two of the projects each utilized two different screening and identification systems. Consequently two separate and complete interviews were completed within those projects. (See appendix A).

All data were gathered by means of a semi-structured interview schedule that could be considered as a focused interview. These interviews were conducted either by phone or direct face-to-face interview by the co-authors of this study and one additional trained member of the research staff. In most instances, the informant was either the Director, or someone designated by him/her as the most knowledgeable person in the project concerning the subject of the system used for screening and identifying children as being eligible for service as SLD in the particular delivery system for that project. All interviews were tape recorded and subsequently transcribed for analysis. The flow charts were then constructed by the co-authors of this report, based on the interview transcriptions, together with written materials and diagrams provided by CSDP personnel. Whenever it was deemed necessary the investigators sought additional clarification from the project staff.

In constructing and compiling the flow charts to depict the screening and identification systems, an attempt was made to standardize terminology for purposes of cross-comparisons. Please note that any amiguities, misrepresentations, or inaccuracies in the depictions and descriptions of these systems rest solely on the decisions made by the co-authors. Due to time constraints produced by the sudden and unexpected termination of funds for this research program, we were unable to verify all of our decisions with the CSDP personnel. We sincerely hope that we have not seriously misrepresented their processes in our designations. However, we can assure the

reader that we had ample information and labored many hours to provide as true a picture as we could humanly draw at this time. It must be understood, however, that some errors probably do exist in our interpretations of what actually occurred. We remain convinced, however, that the critical aspects of what we report in the ensuing pages are founded in fact.

REPORT OF FINDINGS

The remainder of this report consists of our findings concerning the (CSDP) Screening and Identification Systems. There are basically three aspects of these systems in the order in which they occur chronologically for the child.

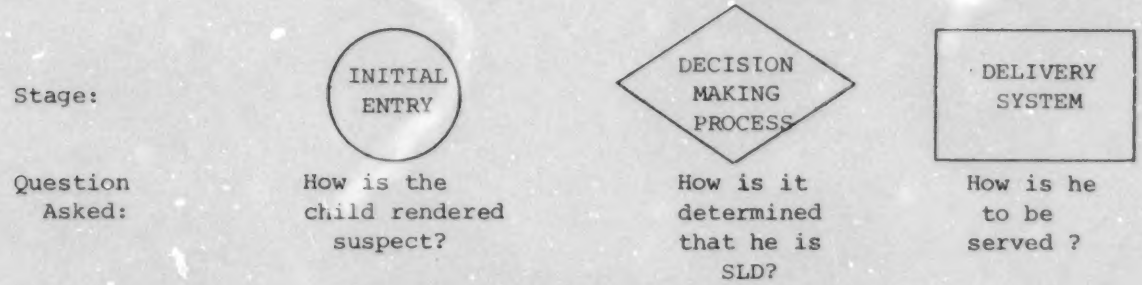
(1) The Initial Entry

(2) The Decision-Making Process

(3) The Delivery System

FIGURE 1

MAJOR STAGES OF SCREENING AND IDENTIFICATION SYSTEMS



A summary of the delivery systems used in the CSDPs is found in Tables 1, 2, and 3. A summary of the initial entry systems utilized is in Table 4. Subsequently, Tables 5, 6, 7, 8, 9, and 10 summarize the decision-making processes as we have analyzed them. Following is a discussion of each of these stages of screening and identification as they were accomplished by the 38 CSDPs surveyed. The final section describes the precise flow charts for each project.

Delivery Systems for Intervention

Delivery Systems were designated according to the role of the L D Specialist(s), as represented in the following continuum in Table 1. The continuum represents the degree of direct intervention by the L D Specialist(s) from greatest to least amount.

TABLE 1

DELIVERY OF SERVICES SYSTEMS
(Continuum based on degree of direct intervention by L D Specialist)

Delivery System	Intervention
L D Self-Contained:	L D Specialist provides total educational service;
L D Resource Room: (Service in special room)	L D Specialist provides partial service;
L D Specialist Mainstreaming: (Service in regular classroom)	
L D Consultative:	L D Specialist provides prescriptive service to the actual teacher agent.

A summary of the delivery systems, or combined delivery systems utilized in the 38 projects surveyed is represented in Tables 2 and 3 on the following page.

TABLE 2

DELIVERY SYSTEMS UTILIZED IN CSDPs SURVEYED (N=38)

Single Systems	
Self-Contained	1
Resource Room	14
Mainstreaming (Specialist)	2
Consultative	5
Single System	22
Combined Systems	
Self-Contained and Resource	3
Self-Contained and Consultative	2
Resource Room and Consultative	7
Self-Contained, Resource Room and Consultative	4
Combined Systems	16

TABLE 3

NUMBERS AND PERCENTAGES OF THE 38 PROJECTS WHICH UTILIZED EACH DELIVERY SYSTEM (SINGLY OR IN COMBINATION)

Delivery System	N	%
Self-Contained	10	26.3
Resource Room	28	73.7
Mainstreaming (Specialist)	2	5.3
Consultative	18	47.4

Several comments are in order in regard to Tables 2 and 3.

Of the systems reviewed, nearly sixty percent used only one type of delivery system as an option. Whether this is representative of the total school systems within which the CSDPs operated, we cannot be certain. However, it is our feeling that whenever possible, multiple options should be available so that maximally efficient and effective placement is possible for every child needing service.

It is also interesting to note that wherever a single model for delivery of service was chosen, the predominant choice was the Resource Room. The Resource Room delivery system stands today as the most prevalent option open to an LD child in public schools in this country. Nearly three-fourths of all programs had this as an option (See Table 3). Next in popularity is the consultative, or prescriptive model, wherein the LD Specialist serves primarily as a diagnostician and prescriber of techniques to the regular teacher.

In regard to Self-Contained delivery systems it should be noted that only one of these occurred as a lone option. Self-contained LD rooms tended to occur as one option in systems offering more than one choice. Furthermore, in two instances, the self-contained class was a "transitional" classroom and probably did not contain SLD children solely.

Initial Entry Systems

Initial entry into the screening and identification system is the method by which a child first becomes designated as potentially qualifying for intervention as a learning disabled (LD) child. There are essentially two basic methods of initial entry:

Referral: In this instance a specified person raises the initial question of eligibility regarding the child. This person is usually the teacher. However, in many systems a parent, physician, or other agent may also serve as the person initiating the referral process. In most circumstances the referral is routed through the teacher. Therefore, in general the "referral method" may be considered as "teacher referral."

Mass Screening: In this instance all children from an eligible pool are screened for evidence of learning disability, usually by means of a particular group test or battery of group tests. Children usually qualify as potential LD under such a procedure based on a cut-off score on the particular test or tests.

In other instances, screening consists of a search of already available data, such as cumulative records, or testing done for other purposes.

Although another type of mass screening is possible, that method was never used in any of the projects analyzed. That system is mass teacher rating. Under this type of procedure, the regular teacher would be required to rate all of her students on a behavior rating scale. Children would then be designated as potential LD depending upon the results of these ratings. Although many systems utilized teacher rating scales or behavior checklists, none were accomplished full scale; they only rated children who were referred as possible LD.

Following is a summary of the number of projects using the various Initial Entry Systems (Table 4).

TABLE 4

INITIAL ENTRY SYSTEMS UTILIZED BY CSDPs
FOR SCREENING OF POTENTIAL LD CHILDREN

Initial Entry System	N
Teacher Referral	30
Mass Screening	8
Mass Rating	0
Total	38

The overwhelming choice of the CSDPs was to use teacher referral (almost 80%). Therefore, a keystone to the entire process of identification of children with LD is the regular teacher's competency to refer. It is well worth future research effort to test the efficiency of this link in the system. Our impressions from this study and previous experiences indicate that teachers are relatively efficient. The "hit rate" for children who are actually referred is generally high, and can be identified readily for any particular system. What is less well known is the proportion of false negatives (children with LD who are <u>not</u> referred by the teacher). This should be studied carefully in any system. We recommend highly that research into variables affecting teacher competence in this realm be encouraged.

Types of Decisions

The decision-making process consists of two types of decisions: (A) those decisions which raise questions about the child's eligibility as an LD child, i.e., as a child who will be eligible to receive intervention as an LD child; and (B) those decisions which do not bear directly on the determination of the child's eligibility of qualification as an LD child, but which may or may not allow him to be enrolled in the intervention service(s), or may determine which of alternative services he will be assigned to.

Eligibility Decisions. These types of decisions are of three types, as seen in Table 5 on the following page. The letter designations are used as notations in the flow charts to indicate when such decisions are made.

The first type of eligibility decision is that which coincides with the Initial Entry phase of the screening and identification system. That is designated as the "Suspect Decision" (S) in Table 5. It simply asks the question as to whether any person (or any test score) considers the child suspect of being learning disabled.

The second type of eligiblity decision is that which determines whether the child should be "excluded" from consideration as an LD. Decisions C and I in Table 5 are "Exclusion Decisions." They may be considered as answering the question "Is there present any other condition which could be considered as a primary cause of learning failure?" Specific conditions are listed separately, because it is of special significance and is essentially universal in application of the definition for specific learning disability.

Decisions a, aI, p, and pI in Table 5 are classified as "Inclusion Decisions." These are decisions which designate specifically whether a child qualifies as having a specific disability in learning. The Inclusion Decisions consist essentially of all possible combinations of two parameters viz, deficit vs discrepancy; and academic learning vs basic psychological processes. Thus, a and p represent "deficit" statements, a being deficit(s) in academic learning and p being deficit(s) in basic psychological processes. A deficit is defined as a "low" in the behavior considered. This is an absolute value, not relative to any other intra-individual functioning. It is usually relative to a group norm or a criterion reference. Thus, it is an inter-individual difference.

Likewise, aI and pI represent two types of "discrepancy" conditions: aI represents a discrepancy between academic achievement and intelligence (potential); whereas pI is a condition denoting a discrepancy between a basic psychological process and intelligence (potential). Thus, the discrepancy conditions represent "intra-individual" differences with measured intelligence usually as the reference mark to compare against other more specific abilities. Table 6 depicts the Inclusion Decision parameters.

TABLE 5

KEY FOR ELIGIBILITY DECISIONS NEEDED IN DETERMINING WHETHER A CHILD QUALIFIES AS LEARNING DISABLED

SUSPECT DECISION	EXCLUSION DECISIONS	INCLUSION DECISIONS
S: Is he suspected of having L.D.?	C: Is there present any other condition which could be considered as a primary cause of learning failure? Ch: hearing disorder; Cv: visual disorder; Ce: emotional disturbance; Cd: environmental disadvantage; Cm: motor (neurological) handicap; Co: other. I: Is his intelligence below normal?	a: Is his academic achievement below normal? i.e., is there a <u>deficit</u> in reading, writing, spelling, arithmetic? aI: Is there a <u>discrepancy</u> between his academic achievement and his intelligence (potential)? p: Is there a <u>deficit</u> in any basic psychological process? (e.g. perception, memory, receptive language, expressive language, motor--i.e. non-academic functions). pI: Is there a <u>discrepancy</u> in any basic psychological process, relative to intelligence (potential)?

TABLE 6

KEY FOR LETTER NOTATIONS ACCORDING TO THE PARAMETERS FOR INCLUSION DECISIONS

TYPE OF LEARNING	TYPE OF DISABILITY	
	Deficit	Discrepancy
Academic	a	aI
Psychological Processes	p	pI

In each of the Flow Charts presented below, the eligibility decisions are noted. When a diamond, or decision-making point on the chart is accompanied by a broken line extending horizontally, it represents an eligibility decision. The letters on that broken line (e.g. S, I, C, aI, a, pI, p) indicate, according to the key noted above, which type(s) of eligibility decisions are made at that juncture in the system. A C, rather than Ch, or Ce, etc., means that undesignated conditions for exclusion are checked at that point.

Whenever a diamond is not accompanied by a broken horizontal line, we have considered that as a constraining decision, discussed below.

Constraining Decisions. Following are examples of constraining decisions, that is decisions which do not bear directly on the determination of the child's eligibility or qualification as an LD child, but which may or may not allow him to be enrolled in the intervention service, or may determine which of alternative services he will be assigned to.

Does the child meet the State guidelines?

Can the system be by-passed (parent pressure, etc.)?

Does the parent give permission to test; to place?

Is there appropriate service delivery system in his school?

Can he be transported to school where system is available?

Can he be served now, i.e., is there a waiting list?

Will we put him in the delivery system, even though he does not qualify precisely?

Are other alternate delivery systems available?

It is well to look at any system to determine whether constraining decisions are acting for or against the child's ultimate good, or whether constraining decisions are unduly burdensome for the efficiency and effectiveness of the system. This may be particularly true in cases of too many layers of administration.

Discussion of the Decision-Making Processes Used in Determining Eligibility for LD Services. The following is concerned with the types of decision-making processes utilized by the CSDPs. The discussion will first consider the exclusion decisions, then the inclusion decisions.

Exclusion Decisions. Referring to Table 5, we see that there were three types of decisions made: (a) Suspect decisions, (b) Exclusion decisions, and (c) Inclusion Decisions. All projects utilized the Suspect Decision, and these are represented by our discussion of the Initial Entry Systems.

The initial entry system determined how a child was rendered suspect of LD. Then a series of decisions was made to determine whether he had other conditions which would exclude him from consideration as an LD child.

One of the conditions was evidence of "normal" intelligence. Of the 38 CSDPs, 31 gave distinct evidence of designating normal intelligence before certifying that the child could be classified as LD. The exceptions were projects which had varying reasons for not expressing a clear-cut determination of normalcy of intelligence. For example, some Pre-School or Kindergarten projects followed a developmental approach and intervened with all children showing deviations, regardless of level of overall ability; other projects stressed the need to be concerned with cultural and/or environmental factors which might influence the designation of "intelligence;" and in one case we are simply not certain that a decision of this nature was made.

It is safe to say, however, that most projects, faced with the task of certifying children as eligible for LD services, chose to determine overall level of ability (or potential) by some means. The methods they used and the criteria applied to make that decision were so varied that they defy generalization. No attempt, therefore, will be made to do so in this report.

The other conditions which projects attempted to apply as exclusion criteria also varied. In fact it was often difficult for us to determine whether they applied certain criteria or not. Thirty-three of the 38 CSDPs (86.8%) indicated the application of some exclusion criteria, other than general ability. The following table (Table 7) summarizes the number of projects which specifically stated certain exclusions in their descriptions of the decision-making process.

TABLE 7

CONDITIONS WHICH SPECIFICALLY EXCLUDED A CHILD
FROM CONSIDERATION AS A LEARNING DISABLED CHILD BY CSDPs

Condition	N	Percent
Emotional Disturbance	15	39.5
Visual Handicap	11	28.9
Hearing Handicap	11	28.9
Motor Handicap	6	15.8
Disadvantage	2	5.3
General (used, but unspecified)	14	36.8
None (or Do not know)	5	13.2

Thus, although a very high percentage of projects used certain conditions as exclusion criteria, no more than 40% gave evidence of using any specific item. About one-third of the projects gave general indication of exclusion criteria, but we could not discern which ones they always applied. Emotional disturbance was the most likely to be specifically invoked as an exclusion criterion (39.5%), with visual and hearing handicaps next most frequent (28.9%). Only 15.8% specifically noted motor (or neurological) factors; and only 5.3% considered disadvantage as an exclusion criterion.

Thus, there is considerable variance throughout the United States in regard to whether various exclusion criteria are applied before a child can be considered as having a learning disability. The variations in criteria are so prevalent that the populations of children being served by CSDPs are apparently very heterogeneous. We did not collect data precisely to this point, but the methods of selection are so variant that they almost dictate such a result.

Inclusion Decisions. The types of inclusion decisions also varied across the projects so that few clear generalizations can be made. Perhaps the only safe generalization is that there is little consistency regarding how children are operationally defined as LD. The decision-making processes as we analyzed them were so varied that virtually all possible choices or combinations of choices were used.

There are four possible ways a child could qualify as LD, according to various inclusion decisions:

a - academic achievement deficit

aI - academic achievement discrepancy (relative to potential)

p - psychological process deficit

pI - psychological process discrepancy (relative to potential)

Any one or any combination of these criteria could be used in decision making. Table 8 summarizes the number of times each was used.

TABLE 8

NUMBERS OF TIMES EACH TYPE OF INCLUSION DECISION WAS USED AS A CRITERION FOR DETERMINING ELIGIBILITY AS A LEARNING DISABILITY BY CSDPs

One Criterion		Two Criteria		Other Criteria	
p:	4	aI, pI:	10	aI, pI, p:	1
a:	1	a, p:	2	aI, pI, a, p:	13
aI:	3	aI, p:	2	No criteria:	1
pI:	0	pI, a:	1		
		a, aI:	0		
		p, pI:	0		
	8		15		15

Thus, very few (8) CSDPs relied on only one criterion, and there was little consensus if only one was selected. If a discrepancy criterion was chosen, however, the tendency was toward academic discrepancy. But, when deficit was the criterion, the choice was for psychological processes. This trend is maintained, but only slightly, when we combine all criteria used singularly, or in combination, as in Table 9.

TABLE 9

NUMBERS OF TIMES AND PERCENTAGES EACH TYPE OF INCLUSION DECISION WAS USED AS A CRITERION FOR DETERMINING ELIGIBILITY AS A LEARNING DISABILITY BY CSDPs (COMBINED FIGUPES)

Key	Type of Decision	N	Percent
(aI)	academic achievement discrepancy :	29	76.3
(pI)	psychological processes discrepancy :	25	65.8
(p)	psychological processes deficit :	22	57.9
(a)	academic achievement deficit :	17	44.7

Or, we could view the decision-making in regard to the preference for discrepancy vs deficit as the keystone. Table 10 shows how many decisions were made, according to those parameters:

TABLE 10

DISCREPANCY DECISIONS VS DEFICIT DECISIONS

	N	Percent
Discrepancy-only decisions	13	34.2
Deficit-only decisions	7	18.4
Deficit and/or discrepancy decisions	17	44.8
No decision	1	2.6
	38	100.0

Approximately one half (20/38) selected an exclusion decision-making process (Table 10). That is, the child could be classified as a learning disability only if he was determined to have a discrepancy of some type in some of the projects; whereas other projects only considered him to have an LD if he demonstrated a deficit of some type.

Among the projects which restricted the eligibility, the overwhelming trend was to accept evidence of discrepancies only, rather than deficit only (See Table 10). But nearly 45 percent of the projects (17) allowed the child to qualify as LD if he had either a deficit or a discrepancy. One project never formally made a decision, but placement was essentially on an overall deficit in performance.

Thus, the question might be raised as to whether children in the U.S. are classified as LD primarily because of deficit performance or intra-individual discrepancies (usually between a performance and a "potential"). The analysis shown in Table 10 indicates that each type of criterion is used widely, with nearly half of the projects accepting either deficit or discrepancy. But, when a choice was made, the trend was 2 to 1 for selecting discrepancy as the criteria. This trend was also seen in Table 9. Academic discrepancy was utilized 29 times as opposed to 17 instances where academic deficit was allowed. Discrepancy was also the preferred criterion when psychological processes were used as the guage, but only by a narrow margin of 25 to 22 (Table 9). Thus, it can be said that discrepancy criteria and deficit criteria are both utilized widely throughout the United States, but when a choice of these two is made, the result is predominantly to select discrepancies, or intra-individual variability.

We might also look at the selected criteria for inclusion from the parameter of academic achievement vs performance in psychological processes. There is virtually no agreement among LD CSDPs concerning which type of criterion to use. As seen in Table 9 there were 47 single or combined instances where psychological processes were the criteria, and 46 comparable instances for academic achievement. Looking at the figures in Table 8, we see that 4 projects used academic-only criteria, and 4 CSDPs used psychological processes criteria only; but 30 used each as qualifiers by some combination. In fact, in every instance where more than one criterion was used, the selection included at least one academic and one process factor.

Another interesting trend may be noted in reference to the choices made when only one criterion was allowed (Table 8). Although the numbers are small, the choices were distinct and perhaps tell us something about the interaction between the discrepancy-deficit parameter and the academics-psychological processes parameter. In Table 8 it can be seen that whenever a discrepancy was the sole criterion allowed to qualify as LD, the choice was 3 to 0, with academic discrepancy being the qualifier. In contrast, when deficit was the lone selector the criterion factor was psychological

process by a 4 to 1 margin. Or, whenever academic criteria were used, the choice was 3 to 1 for accepting discrepancy; but when psychological processes were the criteria, the choice was 4 to 0 in favor of deficit. Thus, regardless of the parameter from which we view the interaction between behaviors and the indices of difficulty, there is a trend to consider academic behavior deviant when it is discrepant; but psychological processing deviant if it is deficient in comparison with other individuals, regardless of overall ability.

It would appear, then, that we are inconsistant of our views regarding the ways in which intra-individual differences (discrepancies) and inter-individual differences (deficits) are interpreted as designating a disability. This inconsistency, together with our varied criteria for decision-making regarding eligibility for LD services, may explain much of the confusion in this country regarding placement and intervention for LD children. It may be the prime reason that we have an extremely heterogeneous population of children throughout the United States being served under the single rubric: Learning Disabilities.

To summarize the operationalizing of the definition of learning disabilities as manifested by the decision-making processes of 38 Child Service Demonstration Projects, we conclude the following:

(1) There is wide variance in the criteria used throughout the U.S. for designating children as LD, i.e., for certifying them as eligible for LD services.

(2) Although most CSDPs considered below normal intelligence as an excluding criterion for designation as LD, the methods used to make such determinations were varied.

(3) Other excluding criteria were also varied, but most projects utilized some criteria other than intelligence, with emotional disturbance, hearing, visual, and motor handicaps as the most prominently considered exclusions.

(4) Inclusion criterion varied in regard to several parameters:
(a) Although both discrepancy and deficit criteria are invoked in various decision-making systems, the preference is toward the discrepancy model, expressing intra-individual variability as the index of learning disability;
(b) When viewing the preference for academic deviance, opposed to psychological processes, as the primary indication of learning disability, there is virtually no agreement among CSDPs. One dimension is just as likely to be chosen as the other.
(c) However, if we look at the interaction between the deficit-discrepancy parameter and the academics-process parameter, we find that academics is usually considered to be a problem if it is discrepant, but processing is thought of as a problem when it is deficient.

All of these conclusions and generalizations gleaned from our analysis of the decision-making processes of the 38 Child Service Demonstration Projects make it evident why the LD population in the United States today is so heterogeneous. Only if each project or system which wishes to select LD children will perform the type of systems analysis that is reported herein will they truly know what decisions they are making. Then they can decide intelligently whether this meets with their objectives and with their delivery of service system needs.

We encourage all who need to analyze their selection process to review the remainder of this report in detail. Each of the systems presented in the next section in flow-chart form represents a system that has been put into action. Each system has advantages and disadvantages. The reader is encouraged to make his own analysis of such for each project. We have provided the flow charts and some notations so that each operational system can be understood. After reviewing the 38 CSDP Screening and Identification Systems described below, we urge you to create a similar analysis for your own current system, or proposed system. You will be surprised at how it will lay open for you the strengths, weaknesses, and specific gaps in any system. If you follow such an evaluation procedure, it can only lead to improvement in all systems for designating children as LD.

FORMAT AND CONVENTIONS USED IN FLOW CHARTS

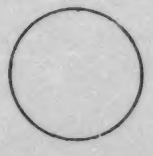
The flow charts presented in the final section are intended to depict the information gathering, information transmittal, decision-making and administrative procedures used in determining whether a child from a large pool of children may be designated as eligible to receive a specified type of intervention for children with learning disabilities. They depict the screening and identification system only. They do not consider the intervention systems, except as an end of the screening and identification process.

The charts have been created in such a manner as to represent the major flow of activity for a child from a point of initial placement (usually the regular classroom) to the final designation of eligibility for intervention (i.e., placement in a delivery system designated for LD children). Thus, a horizontal arrow to a circle represents the child "returning to START" in the system. If the child had only the alternative of returning to START or of being placed in the intervention system, the screening and identification system would classify as a "closed system."

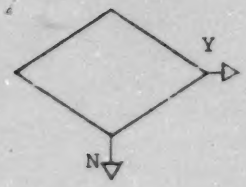
However, there are often instances where decision-making results in consideration of other placements or decisions which would take the child outside the system. A horizontal arrow leading to a rectangle indicates an instance where the child leaves this particular screening and identification system. If such instances occur, the system is an "open system."

We have not concerned ourselves with the nature of these referrals outside the LD identification system, nor with any specific re-entry procedures by which children may return to the system if referred out at any point.

Figural Conventions



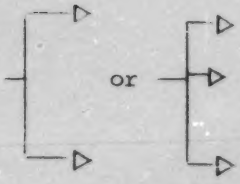
A circle is used to denote the starting point for each screening and identification system. In most instances this refers to the child's placement in a regular class. Exceptions are noted whenever they appear. Throughout the charting, whenever the child is disqualified as a candidate for learning disabilities intervention, an arrow to a circle indicates that he returns to (or remains in) his regular class placement.



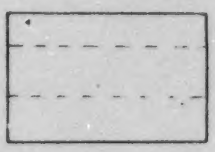
A diamond is used to indicate decision points in the system. The symbols "Y" and "N" are used to represent "Yes" and "No," respectively, where the question asked can be answered accordingly. At other points where multiple solutions may result, arrows simply indicate possible solutions.

A rectangle is used to indicate information gathering, information transmittal, or other non-decision-making stages in the system.

A single arrow leading from a symbol indicates that all children would follow this path.



More than one arrow leading from a symbol indicates that children may take any one of the alternate routes.



Whenever more than one event occurs simultaneously, the events are listed together under one rectangle, but the activities are separated by dotted lines.

Verbal Conventions

Personnel. In order to standardize the representations of activities of Learning Disabilities Specialists, we designated them according to their primary role in the direct intervention of the child, as follows:

L D Teacher:	An LD Specialist who provided direct remediation in the intervention system;
L D Consultant:	An LD Specialist who provided consultation or prescriptive services to the teacher-agent;
L D Diagnostician:	An LD Specialist who provided only screening or diagnostic services to the child, but did not participate in direct intervention, unless for diagnostic purposes;
L D Coordinator:	An LD Specialist who performed administrative and/or decision-making functions, but no direct teaching, consultation, or diagnostic services.

Conversely noted non - L D Specialists included the following:

Teacher:	The "regular" teacher, unless otherwise noted;
Coordinator:	Non - LD Specialist who provided administrative and/or decision-making functions, but no direct teaching, consultation or diagnostic services;
Director of Special Education:	Administrative person responsible for entire special education systems. (May or may not have been LD Specialist by training, but functioned in the role for total system, not LD alone.);
Other Agents:	Specifically designated in self-explanatory terms (e.g. social worker, guidance counselor, school nurse, principal, reading teacher, speech and/or language therapist, psychologist, parent).

Other Conventions

In describing decision-making points within the diamond-shaped figures, we have followed these conventions:

(1) The decision is stated in question form;
(2) The agent(s) making the decision is (are) designated in capital letters; e.g.

(3) If more than one agent is involved, they are separated by semi-colons;

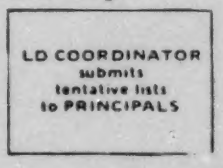
(4) If either one or another agent is involved, they are separated by slashes;

In the latter instance, where there is an either-or circumstance, a notation is made as to how it is determined which person will actually make the decision.

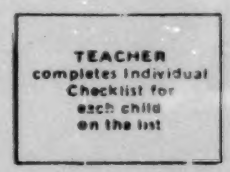
In describing non-decision-making events within the rectangular-shaped figures, we have followed these conventions:

(1) Statement of events described is in active voice;

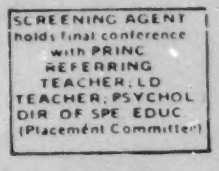
(2) All agents involved in these events are designated in capital letters; e.g.



or



(3) If more than one agent is involved, they are separated by semi-colons;



(4) If either one agent or another agent is involved, they are separated by slashes:

In the latter instance, where there is an either-or circumstance, a notation is made as to how it is determined which person will actually participate in the event.

Notations for Each Flow Chart

Before reading the flow charts, please note the following: In the notations section following each flow chart, we have listed I. GENERAL INFORMATION, II. SPECIAL NOTATION.

I. General information includes the following:

1) The Project Code Letter. Arbitrarily designated letter (s) to preserve the confidentiality of the information gathered in this study and the anonymity of each project.
2) The Delivery System for Intervention. These are stated according to the models listed above. Although the particular project may have given the delivery system a unique name, such as retrieval room, or learning center, we have standardized our terminology, according to our conception of how their actual delivery coincided with our definitions. Grade levels included in the system are noted in parenthesis.
3) The Method of Initial Entry (Referral and/or Mass Screening). In cases of referral we have listed the possible referral agents in parentheses with the listing of multiple referral agents in the rank order of most referrals. For Mass Screening we have indicated in parentheses the primary instrument(s) used.
4) Personnel Involved in Decision-Making. This notation includes a simple listing of all personnel involved in decision-making by type of decisions rendered, i.e., eligibility decisions (Does he qualify as LD?) or constraining decisions (decisions not dealing directly with that general question).

II. Special Notations are made where further information is available and would be helpful to the reader in attempting to understanding the system. For example, a battery of tests might be listed; an exception in the system might be noted, etc.

Special notations are keyed by footnoting in the charts.

In listings of tests or test batteries, those tests that are routine or required within the system are generally noted without parentheses; tests listed within parentheses are optional and determined by the agents listed in that event description unless otherwise noted.

Common Test abbreviations include:

Binet = Stanford Binet Intelligence Test
Bender = Bender-Gestalt
Benton = Benton Visual Retention Test
BESI = Basic Educational Skills Inventory
Boehm = Boehm Test of Basic Concepts
CAT = Children's Apperception Test
CMM = California Mental Maturity Tests
CPQ = Children's Personality Questionnaire
CTBS = California Test of Basic Skills
Detroit = Detroit Test of Learning Aptitude
Durrell = Durrell Analysis of Reading Difficulties
Fitzhugh = Fitzhugh Plus Placement Test
Frostig = Frostig Test of Visual Perception
Gates-McKillop = Gates-McKillop Reading Diagnostic Test
Gilmore = Gilmore Oral Reading Test
Goodenough = Goodenough-Harris Draw-a-Man Test
IRI = Informal Reading Inventory
ITBS = Iowa Test of Basic Skills
ITPA = Illinois Test of Psycholinguistic Abilities
Lincoln-Oseretsky = Lincoln-Oseretsky Motor Tests
Lorge-Thorndike = Lorge-Thorndike Intelligence Test
MAT= Metropolitan Achievement Test
PBRS = Pupil Behavior Rating Scale (Myklebust)
PDS = Predictive Dropout Study
PIAT = Peabody Individual Achievement Test
PMA = Primary Mental Abilities Test
PPVT = Peabody Picture Vocabulary Test
Purdue = Purdue Perceptual Motor Survey
PSLT = Picture Stody Language Test
Rappaport = Rappaport Fine-Motor Skills Test
Silvaroli = Classroom Reading Inventory
SIT = Slosson Intelligence Test
Spache = Diagnostic Reading Scales
TAT = Thematic Apperception Test
VMI = Berry-Buktenica Test of Visual Motor Integration
Wepman = Wepman Test of Auditory Discrimination
WISC = Wechsler Intelligence Scale for Children
WRAT = Wide Range Achievement Test
Zaner-Bloser = Zaner-Bloser Handwriting Sample

APPENDIX A

THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA 85721

COLLEGE OF EDUCATION
Department of Special Education
Leadership Training Institute
48 N. Tucson Blvd.
Tucson, Arizona 85716

The Leadership Training Institute in Learning Disabilities is compiling a summary of procedures that are being used to select children for Title VI-G projects. This is not being done to evaluate individual projects or their selection (screening) procedures, nor is the information being gathered for BEH as part of its evaluation procedures.

The data gathering is planned as part of the LTI research program aimed at better understanding the alternative methods for identifying children with learning disabilities. The 43 Title VI-G projects in operation this year represent a wide variety of workable selection procedures. While our research is principally at the descriptive level, attempts will be made to classify these identification procedures. In collecting data from each project regarding its selection system, we will be able to disseminate a useful summary of the various procedures to each CSDP and to the field.

We can assure you that information received will be coded and grouped so that no direct comparisons will be made among projects; in fact, no report of this research will identify a project by state or locale. All participating projects will receive a copy of the findings of this research, so that they will be the first to share in the benefits of this communication.

We plan to gather the information by phone interview during the month of January. To make most efficient use of the interview time, we will need to talk to the person(s) most familiar with the total pupil selection process (i.e., the methods used to choose children to be served by the program) in the initial core project. Would you please return the enclosed postcard identifying for us the most knowledgeable person(s) to contact? If we do not hear from you within a week, we will assume that you are the person to contact. In either case, we will call to arrange an appointment for the phone interview. Our estimate is that the interview will take a half to three quarters of an hour.

Thank you for your assistance.

Sincerely,

Harold J. McGrady, Ph.D.
Program Associate

INTERVIEW SCHEDULE SELECTION PROCEDURES

State:_____ Date:_____

Project Year (circle) I II III Interviewer (circle) C L H J

Director: _____

Interviewee: _____ Position: _____

It would be helpful if we could tape this interview, since we can move through the questions faster, and we also get a better record. We will, of course, code the transcript so that you and the project can remain anonymous. So unless you have any objections . . . ((turn on recorder)) then we've agreed to tape this interview.

opening questions

Keep in mind that all questions in the interview are addressed to the core project rather than any of its replications.

1.1 What kind of children are you looking for in this project? We'd like a picture of the children for whom the services are designed.

_____

_____

1.2 ((If flow chart is unclear, go over each step and clarify what you don't understand.))

((If no flow chart is available to you now, ask person to briefly describe the complete process by which the children are identified and selected to receive project remedial services. Emphasize steps from beginning to end. Construct a flow chart from this description.))

general background

1.3 Who originally decided what process should be followed to identify children for the project? That is, who designed the procedure now in use?

NAME: _____ Position:_____

1.4 Why did you decide to use these particular procedures? _____

_____

1.5 Were there any other factors that influenced your decision? _____

_____

mechanical process

2.1 Which of these procedures are used as a first step in identifying children who should receive remedial services through the program? ((use checkmark))

____ teacher referral of children with problem

____ mass teacher rating of all children

____ mass testing of all children

____ other (specify)_____

If only one is checked, go to 2.2
If more than one is checked, go to 2.4

2.2 Are there any other ways that a child can enter the initial screening process?

____ yes (go to 2.3) ____ no (go to 2.6)

2.3 What other initial steps might be taken? ((add to 2.1, using an X, and go to 2.4)

2.4 What determines which procedure is used? _____

_____

2.5 Who is responsible for this decision? _____

_____

We want to spend some time talking about your teacher inservice efforts. Again, if there are any forms available for this process, we would like copies.

2.6 Were the teachers provided with any information or orientation about the nature of LD or the types of children to be selected?

____ yes (go to 2.8) ____ no (go to 2.7)

2.7 Does this mean teachers were not informed about the project at all?

____ not informed (go to 3.12 if teacher referral; 6.13 if mass rating; 8.19 if mass testing; 11.19 if other process)

____ they were informed (revised opinion) (go to 2.8)

2.8 Did the orientation involve formal or informal training?

____ formal (go to 3.1) ____ informal (go to 2.9)

(informal)

2.9 Describe your informal training process: _____

_____

_____

_____

(formal)

If you carried out more than one inservice program or series of programs, let's look at each one separately.

3.1 When did it occur? _____ _____

3.2 How many hours were involved? (amount of time) _____ _____

3.3 Who attended the training? _____ _____

3.4 Were teachers required to attend, or participate? _____ _____

3.5 Who presented, or provided the training? _____ _____

3.6 What was the nature of the inservice? (topics, etc.)

_____ _____

3.7 Were LD children described? ____ yes ____ no ____ yes ____ no

3.8 Were teachers given specific characteristics to look for?

____ yes ____ no ____ yes ____ no

3.9 What characteristics were stressed?

_____ _____

3.10 If these were written down, we would like a copy.

____ not written	____ not written
____ will send	____ will send
____ won't send	____ won't send

3.11 Was normal IQ given as a pre-requisite for referral?

____ yes ____ no ____ yes ____ no

3.12 By what method or methods was the teacher asked to refer? ((read list))

____ verbal referral

____ written referral form

____ rating scale or behavior checklist

____ other (specify) _____

3.13 To whom does the teacher give the referral or rating form? _____

_____

4.1 What children are the teachers asked to refer? That is, what instructions are they given?

_____

_____

4.2 Is referral a technique used with all ages and at all sites?

____ yes (go to 4.4) ____ no (go to 4.3)

4.3 When and where is it used? _____

_____

4.4 Is there a limit to the number of students who can be referred?

____ yes (go to 4.5) ____ no (go to 4.6)

4.5 What is the limit?_____

4.6 When can students be referred? _____

4.7 When do you get the bulk of your referrals? _____

4.8 Does the referral involve the use of a rating scale or behavior checklist?

____ yes, at the initial step (go to 4.9)

____ yes, later in the screening process (go to 4.9)

____ no, not at all (go to 5.1)

4.9 Is this a standard form or locally developed?

____ standard (name) _____(go to 4.11)

____ locally developed (name) _____(go to 4.10)

4.10 Why and by whom was it developed? _____

_____

4.11 Why and by whom was it chosen? _____

_____

4.12 Was it ever used before this project? _____

_____

5.1 What is the next step?_____

5.2 What is the delay before this step is taken? _____

5.3 Where does it take place? _____

5.4 What are the criteria for elimination? _____

5.5 Who decides? _____

5.6 What happens to children eliminated here? (regular class/other services)

_____

5.7 What is the next step?

5.8 What is the delay before this step is taken? _____

5.9 Where does it take place?_____

5.10 What are the criteria for elimination? _____

5.11 Who decides? _____

5.12 What happens to children eliminated here? (regular class/other services)_____

5.13 What is the next step? _____

5.14 What is the delay before this step is taken? _____

5.15 Where does it take place? _____

5.16 What are the criteria for elimination? _____

5.17 Who decides? _____

5.18 What happens to children eliminated here? (regular class/other services) _____

5.19 What is the next step? _____

5.20 What is the delay before this step is taken? _____

5.21 Where does it take place? _____

5.22 What are the criteria for elimination? _____

5.23 Who decides? _____

5.24 What happens to children eliminated here? (regular class/other services) _____

6.1 What is the next step? _____

6.2 What is the delay before this step is taken? _____

6.3 Where does it take place? _____

6.4 What are the criteria for elimination? _____

6.5 Who decides? _____

6.6 What happens to children eliminated here? (regular class/other services) _____

6.7 What is the next step? _____

6.8 What is the delay before this step is taken? _____

6.9 Where does it take place? _____

6.10 What are the criteria for elimination? _____

6.11 Who decides? _____

6.12 What happens to children eliminated here? (regular class/other services) _____

If mass rating also used, go to 6.13
If mass testing also used, go to 8.19
If other process also used, go to 11.19

mass rating

Since you used a mass rating form in your selection process, we want to talk further about it. Again, we would like copies of the form and related materials (if we don't already have them).

6.13 Is a mass rating form used at all sites and at all grades?

____ yes (go to 6.15) ____ no (go to 6.14)

6.14 On whom or at what sites are rating forms used? _____

_____

6.15 Is this a standard form or locally developed?

____ standard (name) _____ (go to 6.17)

____ locally developed (name) _____ (go to 6.16)

6.16 Why and by whom was it developed? _____

_____ (go to 7.1)

6.17 Why and by whom was it chosen? _____

_____ (go to 7.1)

7.1 Was it ever used before this project? _____

_____

7.2 When are students rated? _____

____ all at once (go to 7.4) ____ several times (go to 7.3)

7.3 When do you get the bulk of your ratings? _____

7.4 What criteria were used after mass rating to determine who goes to the next step? That is, what are the criteria for determining "high risk" children?

_____

7.5 Are these criteria rigid or flexible? _____

7.6 Who makes this decision? _____

7.7 What happens to children eliminated here? (regular class/other services) _____

7.8 What is the next step? _____

7.9 What is the delay before this step is taken? _____

7.10 Where does it take place? _____

7.11 What are the criteria for elimination? _____

7.12 Who decides? _____

7.13 What happens to children eliminated here? (regular class/other services) _____

7.14 What is the next step? _____

7.15 What is the delay before this step is taken? _____

7.16 Where does it take place? _____

7.17 What are the criteria for elimination? _____

7.18 Who decides? _____

7.19 What happens to children eliminated here? (regular class/other services) _____

8.1 What is the next step? _____

8.2 What is the delay before this step is taken? _____

8.3 Where does it take place? _____

8.4 What are the criteria for elimination? _____

8.5 Who decides? _____

8.6 What happens to children eliminated here? (regular class/other services) _____

8.7 What is the next step? _____

8.8 What is the delay before this step is taken? _____

8.9 Where does it take place? _____

8.10 What are the criteria for elimination? _____

8.11 Who decides? _____

8.12 What happens to children eliminated here? (regular class/other services) _____

8.13 What is the next step? _____

8.14 What is the delay before this step is taken? _____

8.15 Where does it take place? _____

8.16 What are the criteria for elimination? _____

8.17 Who decides? _____

8.18 What happens to children eliminated here? (regular class/other services) _____

If mass testing also used, go to 8.19
If other process also used, go to 11.19

mass testing

You mentioned that some children are first noticed because of group testing. We want to pursue the specifics of this. Again, we would like copies of any materials you have developed for this procedure, manuals, tests, etc.

8.19 What test or tests are used for the mass screening?

____ standardized (go to 9.1) ____ locally developed (go to 9.4)

(standardized)

9.1 Specify test(s): _____

_____

9.2 Why was this test(s) chosen? _____

____ scores already available from district testing

____ test booklets available through district

____ test seemed best for project (and not in use by district)

9.3 Who made the decision to use this test(s)? _____

_____ (go to 9.6)

(locally developed)

9.4 Specify name of instrument: _____

9.5 Why and by whom was it developed? _____

9.6 When is the testing done? _____

9.7 Are all the children at all sites tested on the same instrument?

____ yes (go to 9.9) ____ no (go to 9.8)

9.8 Describe differences and criteria: _____

_____

9.9 What age children are or have been tested, and at what sites, in this initial step? _____

____ preschool (go to 9.10) ____ no preschool (go to 9.11)

9.10 How do you reach them for testing? _____

_____

9.11 Who administers the mass testing instrument? _____

_____

9.12 Do you provide any special or additional training for the test administrator(s)?

____ yes (go to 10.1) ____ no (go to 10.3)

10.1 What kind of training do they receive? ((when, by whom, length))

_____

10.2 Do you think this kind of training is necessary and/or appropriate?

_____(go to 10.4)

10.3 Why is no training provided or thought to be necessary? _____

_____ (go to 10.4)

10.4 What criteria were used after mass testing to determine who goes to the next step? That is, what are the criteria for determining "high risk" children?_____

_____

10.5 Are these criteria rigid or flexible?_____

10.6 Who makes this decision? _____

10.7 What happens to children eliminated here? (regular class/other services) _____

10.8 What is the next step? _____

10.9 What is the delay before this step is taken? _____

10.10 Where does it take place? _____

10.11 What are the criteria for elimination? _____

10.12 Who decides? _____

10.13 What happens to children eliminated here? (regular class/other services)

_____

10.14 What is the next step? _____

10.15 What is the delay before this step is taken? _____

10.16 Where does it take place? _____

10.17 What are the criteria for elimination? _____

10.18 Who decides? _____

10.19 What happens to children eliminated here? (regular class/other services) _____

11.1 What is the next step? _____

11.2 What is the delay before this step is taken? _____

11.3 Where does it take place? _____

11.4 What are the criteria for elimination? _____

11.5 Who decides? _____

11.6 What happens to children eliminated here? (regular class/other services) _____

11.7 What is the next step? _____

11.8 What is the delay before this step is taken? _____

11.9 Where does it take place? _____

11.10 What are the criteria for elimination? _____

11.11 Who decides? _____

11.12 What happens to children eliminated here? (regular class/other services) _____

11.13 What is the next step? _____

11.14 What is the delay before this step is taken? _____

11.15 Where does it take place? _____

11.16 What are the criteria for elimination? _____

11.17 Who decides? _____

11.18 What happens to children eliminated here? (regular class/other services) _____

other processes

Sometimes the usual procedures just aren't adequate, and some other selection process must be used, in order to allow eligible children into the project. We want to ask a few questions to find out about these.

11.19 Did any of the children who received remedial services from the project get into the program any other way, than by referral, rating, or testing?

____ yes (go to 11.20) ____ no (go to 12.2)

11.20 Specify how: _____

_____

12.1 Can you estimate how many such instances there have been--children now receiving services who entered the selection process other than by the standard way as before? _____

_____

changes in selection process

If year I project, go to 12.5
If year II or III project, go to 12.2

12.2 Is your current selection procedure exactly the same as the one used during the first year of the project? That is, do children this year enter the program in the same way as before?

____ yes (go to 12.5) ____ no (go to 12.3)

12.3 What changes have been made? _____

_____

12.4 Are you satisfied with the change? _____

_____

12.5 Do you contemplate making any changes for next year?

____ yes (go to 12.6) ____ no (go to 12.8)

12.6 What are they? _____

12.7 Why change? _____

pool

We want to now take a step back to get a picture of the overall pool of children from whom the LD children are drawn.

12.8 From how many school districts are children screened for the program?

_____

12.9 Are all the schools within these districts included?

____ yes, a total of _____ (go to 12.12)

____ no, a total of _____ (go to 12.10)

12.10 How was it decided which schools would be involved? That is, on what basis were some eliminated? _____

12.11 Who decided this? _____

12.12 In the selected schools, what age(s) children are eligible? _____

_____

13.1 Are all children of this age in the participating schools eligible, or are some excluded even before the selection process begins?

____ all are eligible (go to 13.3)

____ some are excluded initially (go to 13.2)

13.2 Who is excluded from the initial selection process? _____

_____

(if handicapped children excluded, go to 13.4; otherwise, 13.3)

13.3 Does this mean that children who have been previously identified as handicapped are also eligible for selection?

_____

13.4 What is normally done for children who previously have been identified as handicapped? Are any of these services available in the district(s)?

____ EMR classes

____ TMR classes

____ BD, EH, ED classes

____ physically and/or multiply handicapped

____ deaf or hard of hearing

____ speech

____ visually impaired

____ reading consultant or remedial reading classes

____ gifted

____homebound/hospital

____ arrangements with community private schools

13.5 Through what process(es) were these previously identified children found?

_____

_____

Now let's go back and reconsider those children who were identified as LD.

13.5 Are all the children who are screened and found to be eligible then allowed to receive project remedial services?

____ yes (go to 13.6) ____ no (go to 13.7)

13.6 You mean everyone eligible is being served? No schools are excluded? No control groups are used? No waiting list! Enough facilities to handle every eligible child?

____ all are served (go to 14.1)____ some not served (go to 13.7)

13.7 Explain how the devision is made; that is, who decides which children will receive remedial services and what are the criteria?

_____

_____

quantitative summary

The final questions involve quantitative data, which you may not have at your finger-tips. In that case, it would be helpful if you could make note of the needed figures and send us the information after the interview.

14.1 What is the total enrollment in the included schools and the included ages? _____

14.2 How many children were tested, rated, or referred, at that initial step? _____

14.3 How many children, from this group, were ultimately found to be LD and therefore eligible for the program? _____

14.4 How many children have received remediation through the program this year? _____

That concludes the questions; we may need to contact you after the tape has been transcribed, if we find something that is still unclear.

In any case, you have been very helpful; we're glad you were willing to spend this amount of time with us. Do you have any questions or anything you'd like to add or comment on? _____

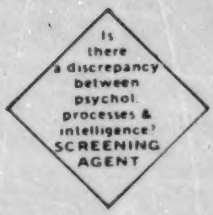
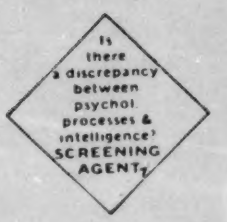
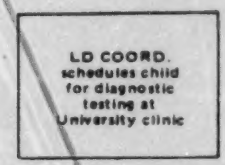
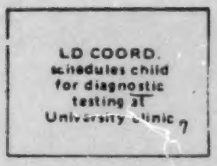
_____

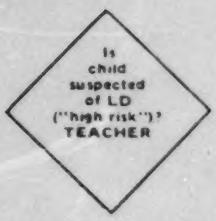
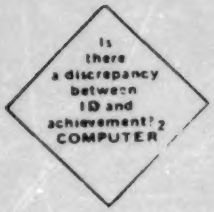
_____

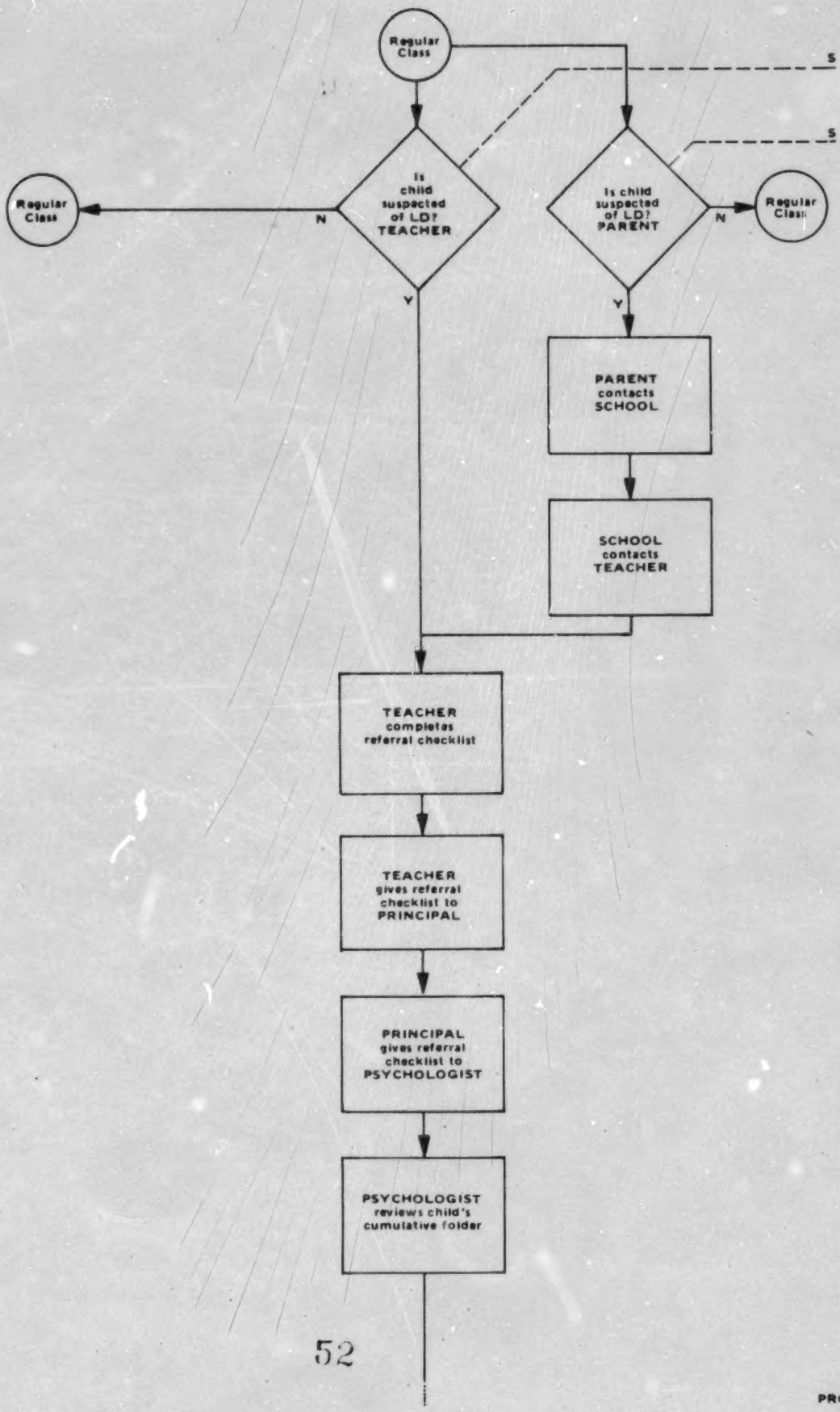
((If more materials or quantitative data is to be sent, go over this list))

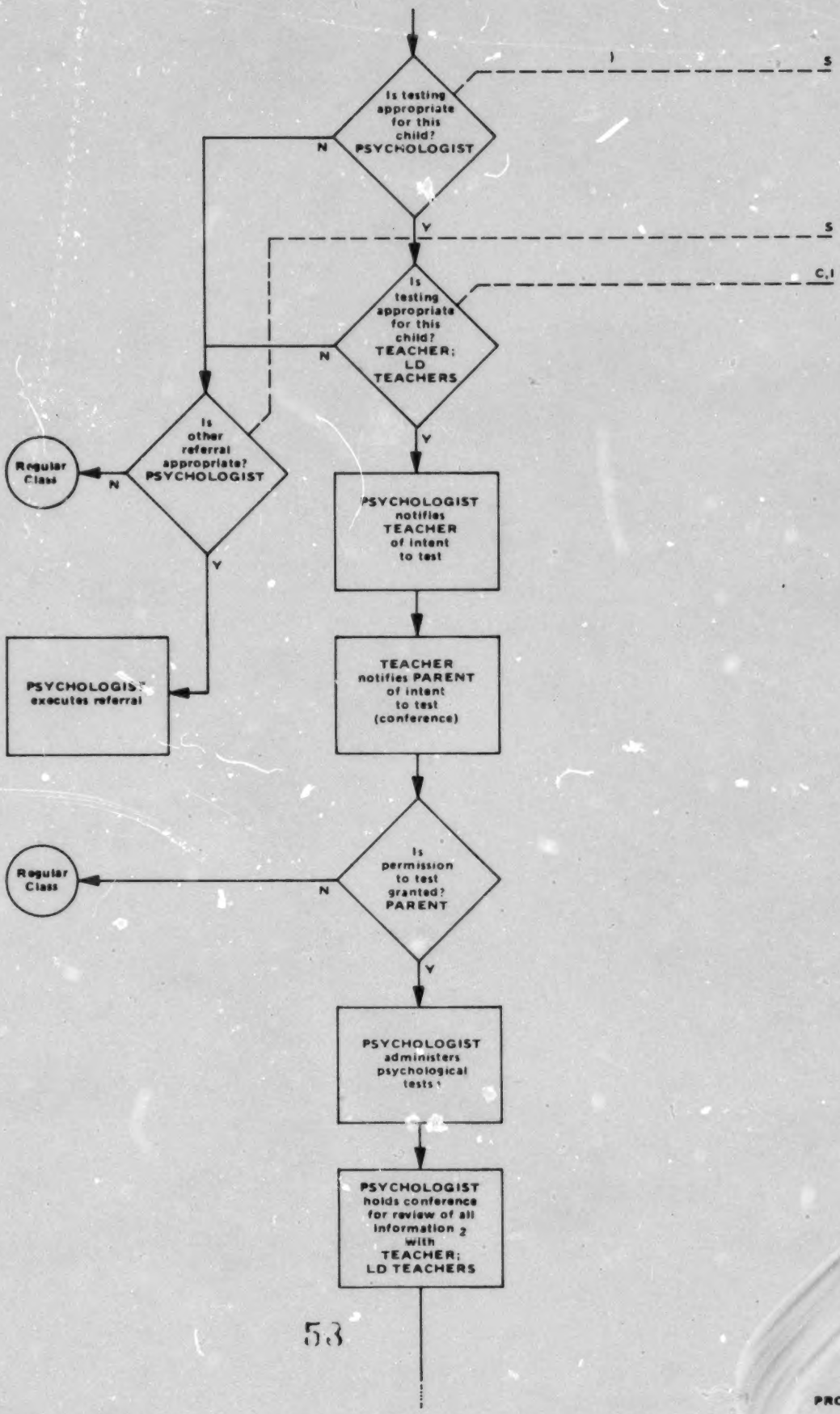
FLOW CHARTS AND NOTATIONS

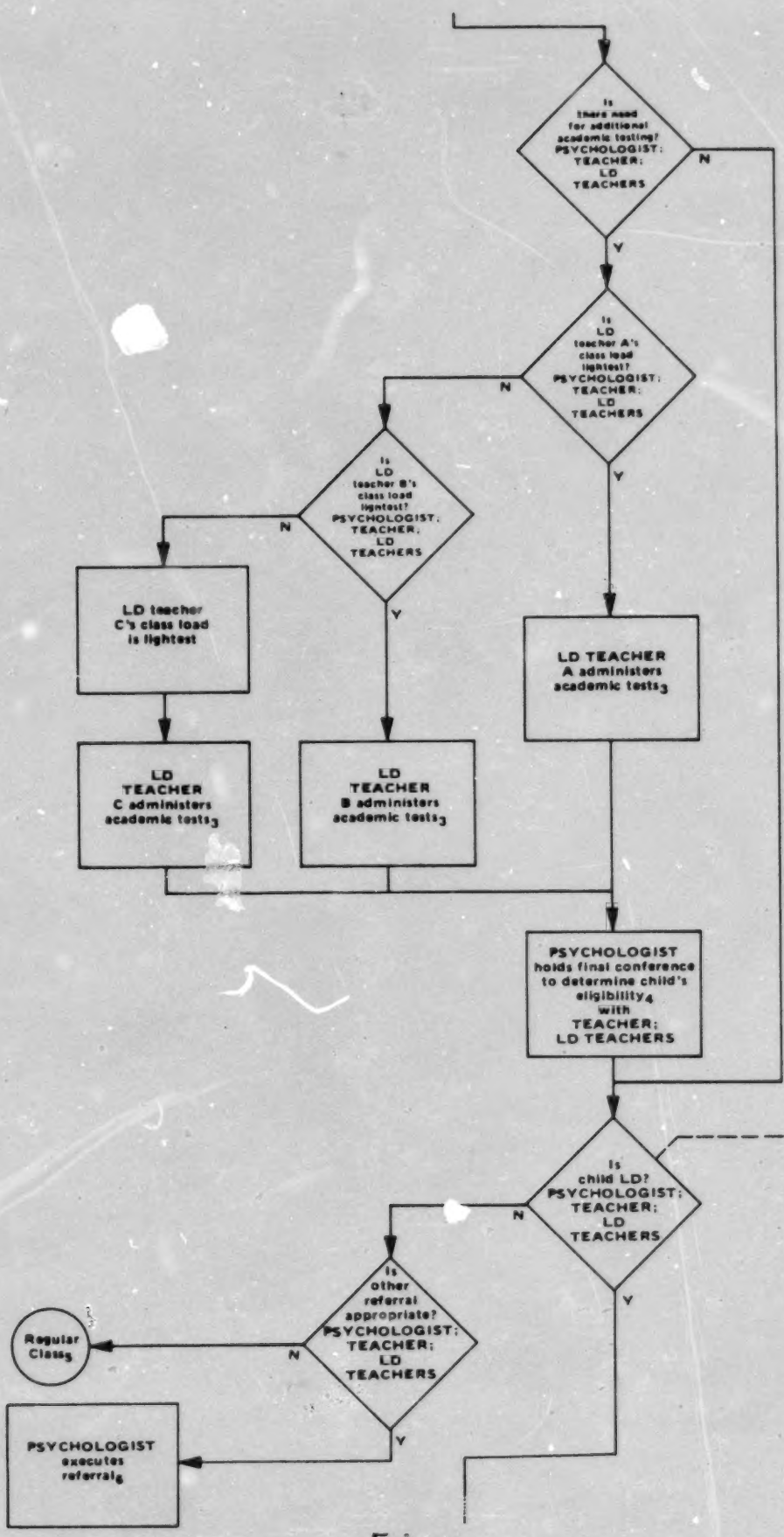
ERRATA FOR CHARTS AND NOTATIONS

Page	Error	Correction	
B-2			add notation #6
B-4			correct #8 to read #9
J-4			add notation #7
O-3			add notation #7

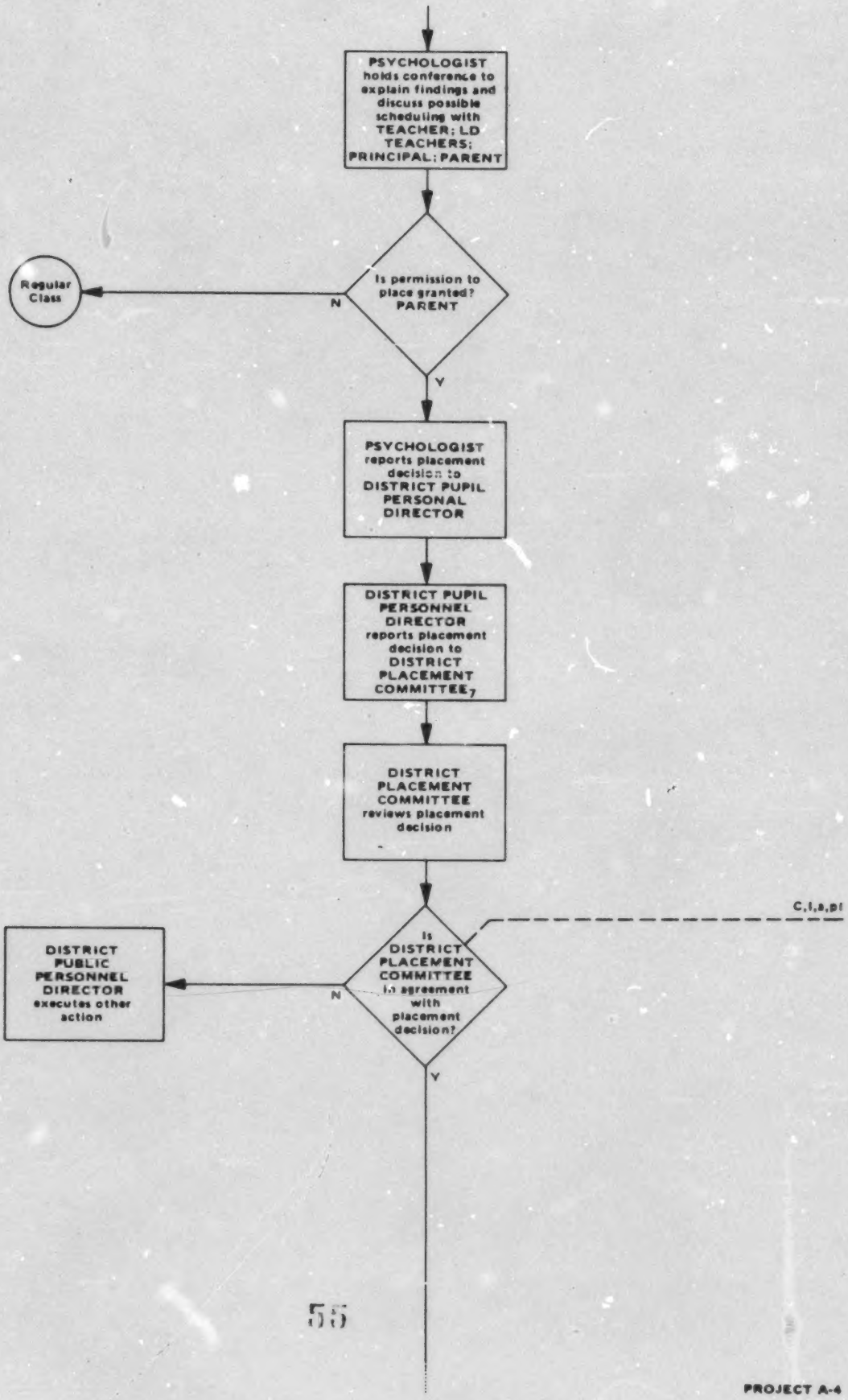
Page	Error	Correction	
P-1			add notation #1
FF-4			add notation #6
HH-1			change ID to IQ
JJ-3		change to:	
LL-4			correct #3 to #5

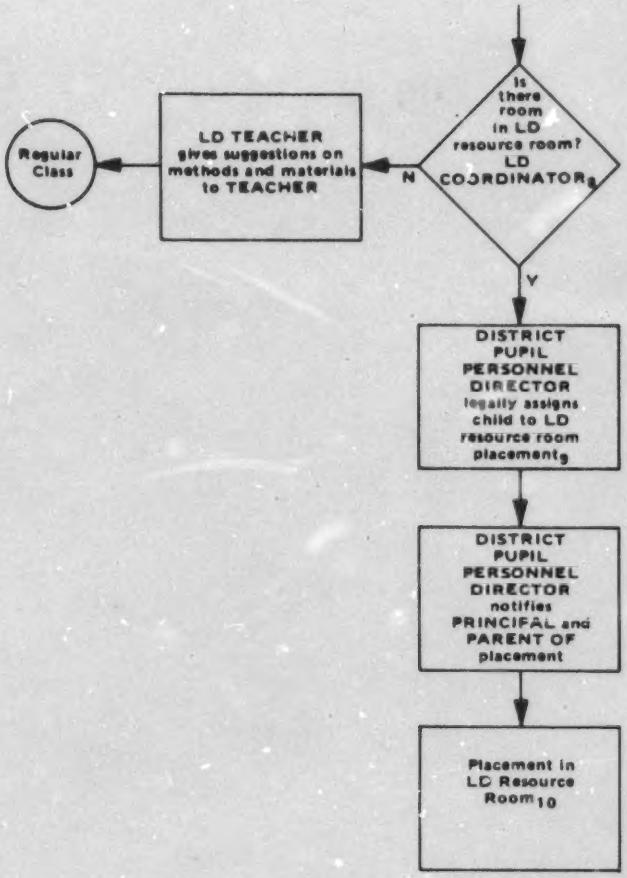

Regular Class
S
S
Is child suspected of LD? TEACHER
Is child suspected of LD? PARENT
Regular Class
Regular Class
N
N
Y
Y
PARENT contacts SCHOOL
SCHOOL contacts TEACHER
TEACHER completes referral checklist
TEACHER gives referral checklist to PRINCIPAL
PRINCIPAL gives referral checklist to PSYCHOLOGIST
PSYCHOLOGIST reviews child's cumulative folder


Is testing appropriate for this child? PSYCHOLOGIST
I
S
N
Y
S
Is testing appropriate for this child? TEACHER; LD TEACHERS
C, I
N
Y
Is other referral appropriate? PSYCHOLOGIST
Regular Class
N
Y
PSYCHOLOGIST notifies TEACHER of intent to test
PSYCHOLOGIST executes referral
TEACHER notifies PARENT of intent to test (conference)
Is permission to test granted? PARENT
Regular Class
N
Y
PSYCHOLOGIST administers psychological tests 1
PSYCHOLOGIST holds conference for review of all information 2 with TEACHER; LD TEACHERS


Is there need for additional academic testing? PSYCHOLOGIST; TEACHER; LD TEACHERS
N
Y
Is LD teacher A's class load lightest? PSYCHOLOGIST; TEACHER; LD TEACHERS
N
Y
Is LD teacher B's class load lightest? PSYCHOLOGIST; TEACHER; LD TEACHERS
N
Y
LD teacher C's class load is lightest
LD TEACHER A administers academic tests3
LD TEACHER C administers academic tests3
LD TEACHER B administers academic tests3
PSYCHOLOGIST holds final conference to determine child's eligibility4 with TEACHER; LD TEACHERS
C,I,a,pl
Is child LD? PSYCHOLOGIST; TEACHER; LD TEACHERS
N
Y
Is other referral appropriate? PSYCHOLOGIST; TEACHER; LD TEACHERS
N
Y
Regular Class5
PSYCHOLOGIST executes referral6

PROJECT A-3


PSYCHOLOGIST holds conference to explain findings and discuss possible scheduling with TEACHER; LD TEACHERS; PRINCIPAL; PARENT
Is permission to place granted? PARENT
N
Regular Class
Y
PSYCHOLOGIST reports placement decision to DISTRICT PUPIL PERSONAL DIRECTOR
DISTRICT PUPIL PERSONNEL DIRECTOR reports placement decision to DISTRICT PLACEMENT COMMITTEE
DISTRICT PLACEMENT COMMITTEE reviews placement decision
C, I, a, pl
Is DISTRICT PLACEMENT COMMITTEE in agreement with placement decision?
N
DISTRICT PUBLIC PERSONNEL DIRECTOR executes other action
Y


Is there room in LD resource room? LD COORDINATOR9
N
LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class
Y
DISTRICT PUPIL PERSONNEL DIRECTOR legally assigns child to LD resource room placement9
DISTRICT PUPIL PERSONNEL DIRECTOR notifies PRINCIPAL and PARENT OF placement
Placement in LD Resource Room10

I. GENERAL INFORMATION

1. Project Code Letter: A

2. Delivery System for Intervention: LD Resource Room (Grades 1-5)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-making:

   a) Eligibility decisions: Parent
   Teacher
   Psychologist
   LD Teachers (3)
   District Placement Committee

   b) Constraining decisions: Parent
   Psychologist

II. SPECIAL NOTATIONS

(footnotes apply to notations in flow-chart)

1. WISC or Binet
   ITPA
   (Bender-Gestalt)

2. referral checklist;
   academic achievement testing;
   other information in accumulative order;
   psychological test results

3. (Gallistel-Ellis Phonics Tests)
   (Sucher-Allred Reading Comprehension)
   (Key-Math)
   (PIAT)
   (Others)* *the Piers-Harris Self-Concept test is also given.

4. Team looks for "scatter" in WISC results (particularly Verbal vs. Performance IQs), deficits in academic achievent, and discrepancies in psychological processes (e.g., 2 years behind overall Mental Age in California Mental Maturity or PMA).

5. Occasionally a child is given supportive help from a counselor, even though he remains in the regular classroom.

6. Other referrals include: Services for MR; ED; Neurological examination; Title I Reading Program.

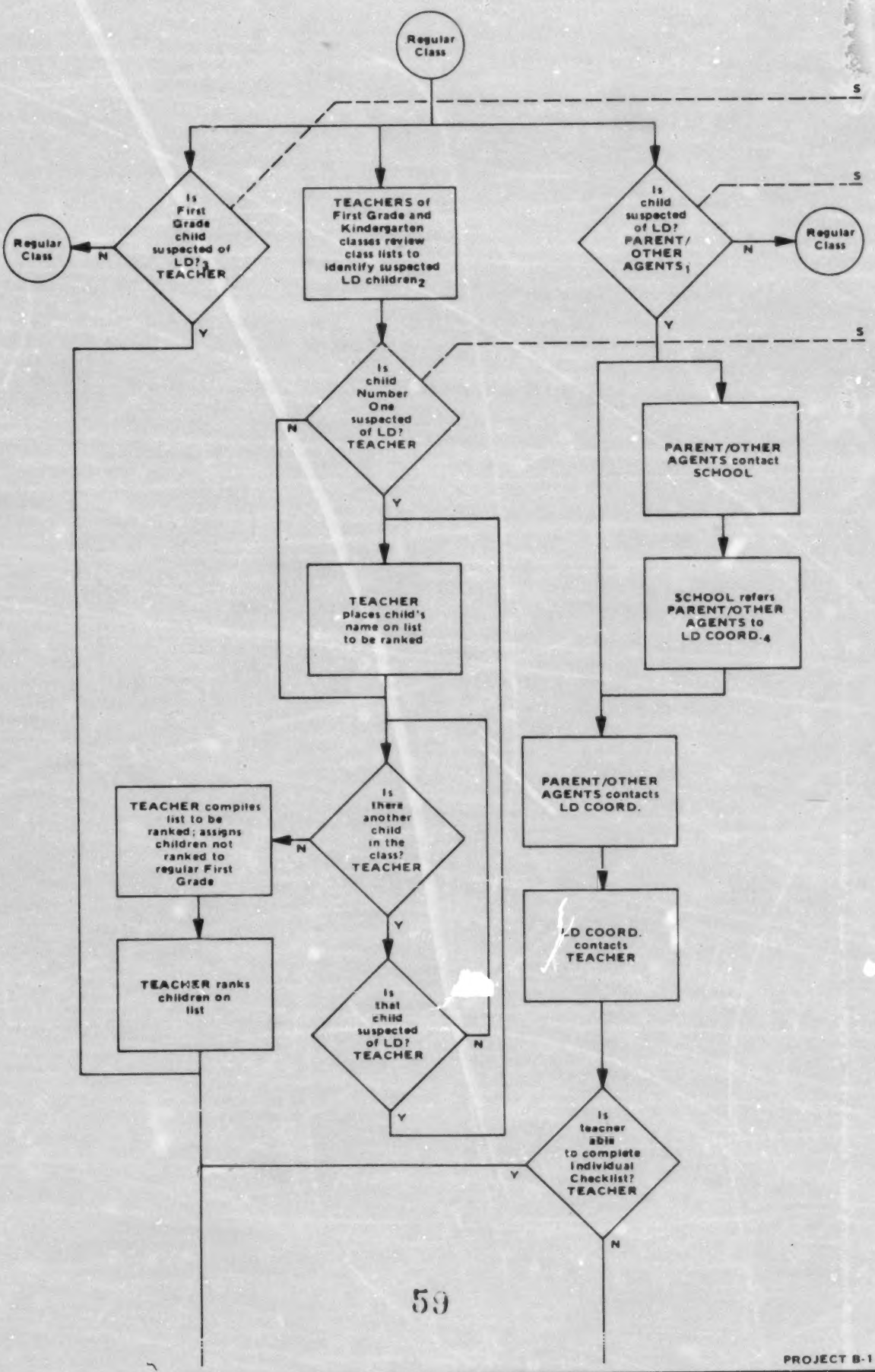
7. Composition of this committee is not completely known. It is apparently headed by the District Pupil Personnel Director and includes Psychologists and Psychometrists from the District. The Title VI-G Director sits on this

committee. (No child has ever been rejected for delivery of special intervention by this committee, but several have been referred to EMH services).

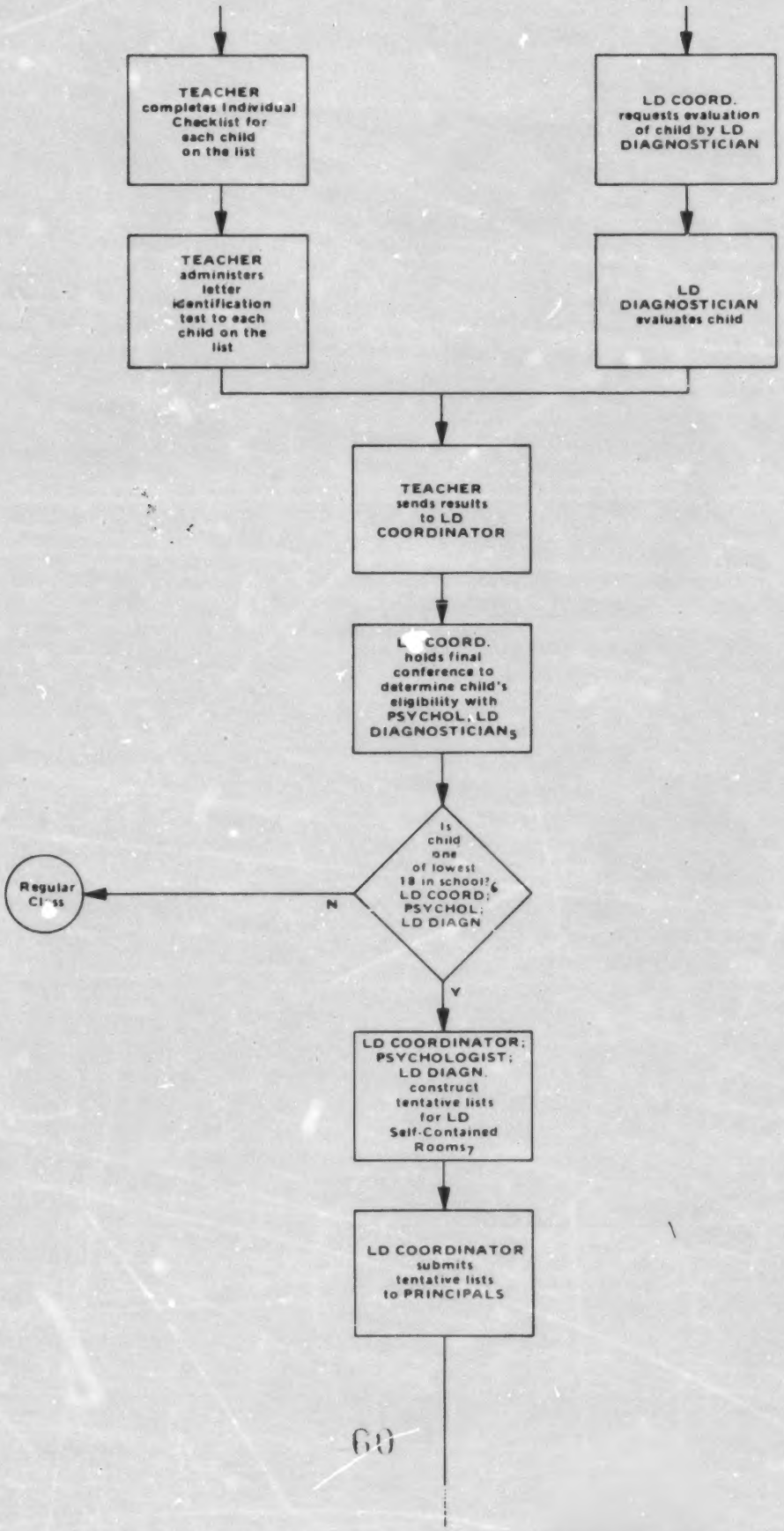
8. The LD Coordinator is the local Title VI-G Project Director.

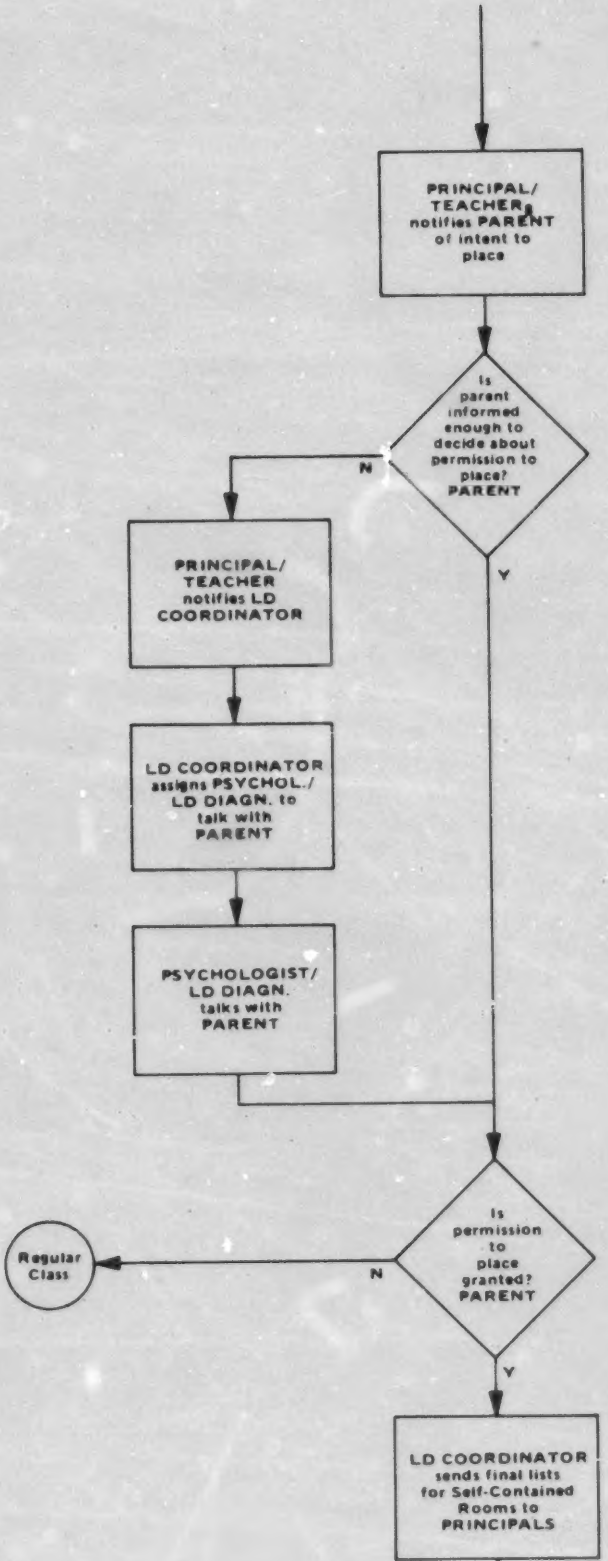
9. The District Pupil Personnel Director files the necessary official documents for the state.

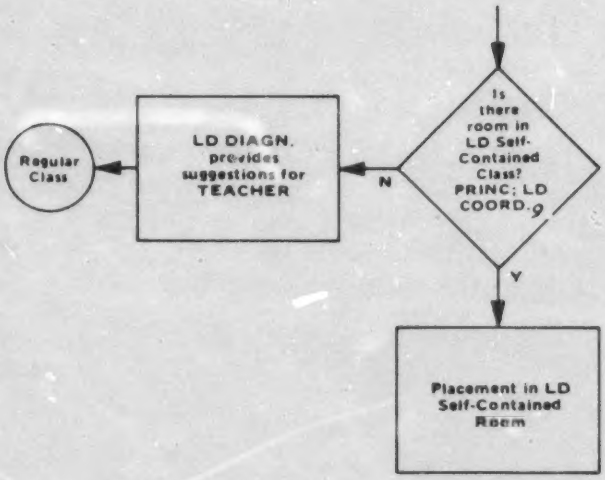
10. Some children are worked within "Self-Concept" groups. Also, some extended exams are being done for visual acuity, auditory acuity, etc.


Regular Class
S
Is First Grade child suspected of LD?3 TEACHER
N
Regular Class
Y
TEACHERS of First Grade and Kindergarten classes review class lists to identify suspected LD children2
Is child suspected of LD? PARENT/ OTHER AGENTS1
N
Regular Class
S
Y
S
Is child Number One suspected of LD? TEACHER
N
Y
PARENT/OTHER AGENTS contact SCHOOL
SCHOOL refers PARENT/OTHER AGENTS to LD COORD.4
TEACHER places child's name on list to be ranked
PARENT/OTHER AGENTS contacts LD COORD.
LD COORD. contacts TEACHER
Is there another child in the class? TEACHER
N
TEACHER compiles list to be ranked; assigns children not ranked to regular First Grade
Y
TEACHER ranks children on list
Is that child suspected of LD? TEACHER
N
Y
Is teacher able to complete Individual Checklist? TEACHER
Y
N

PROJECT B-1


TEACHER completes Individual Checklist for each child on the list
LD COORD. requests evaluation of child by LD DIAGNOSTICIAN
TEACHER administers letter identification test to each child on the list
LD DIAGNOSTICIAN evaluates child
TEACHER sends results to LD COORDINATOR
L COORD. holds final conference to determine child's eligibility with PSYCHOL, LD DIAGNOSTICIAN5
Is child one of lowest 18 in school? LD COORD; PSYCHOL; LD DIAGN 6
N
Regular Class
Y
LD COORDINATOR; PSYCHOLOGIST; LD DIAGN. construct tentative lists for LD Self-Contained Rooms7
LD COORDINATOR submits tentative lists to PRINCIPALS


PRINCIPAL/ TEACHER notifies PARENT of intent to place
Is parent informed enough to decide about permission to place? PARENT
N
Y
PRINCIPAL/ TEACHER notifies LD COORDINATOR
LD COORDINATOR assigns PSYCHOL./ LD DIAGN. to talk with PARENT
PSYCHOLOGIST/ LD DIAGN. talks with PARENT
Is permission to place granted? PARENT
N
Regular Class
Y
LD COORDINATOR sends final lists for Self-Contained Rooms to PRINCIPALS


Is there room in LD Self-Contained Class? PRINC; LD COORD.
N
LD DIAGN. provides suggestions for TEACHER
Regular Class
Y
Placement in LD Self-Contained Room

I. GENERAL INFORMATION

1. Project Code Letter: B

2. Delivery System for Intervention: LD Self-Contained Room (1st Grade)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Parent
   Other Agents
   Teacher

   b) Constraining decisions: LD Coordinator
   Psychologist
   LD Diagnostician
   Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Other agents include Psychologist, Principal, etc.

2. Kindergarten screening is done in the Spring;
   First Grade screening is done in the Fall.

3. Referral can be at any time.

4. LD Coordinator is the local Title VI-G Project Director.

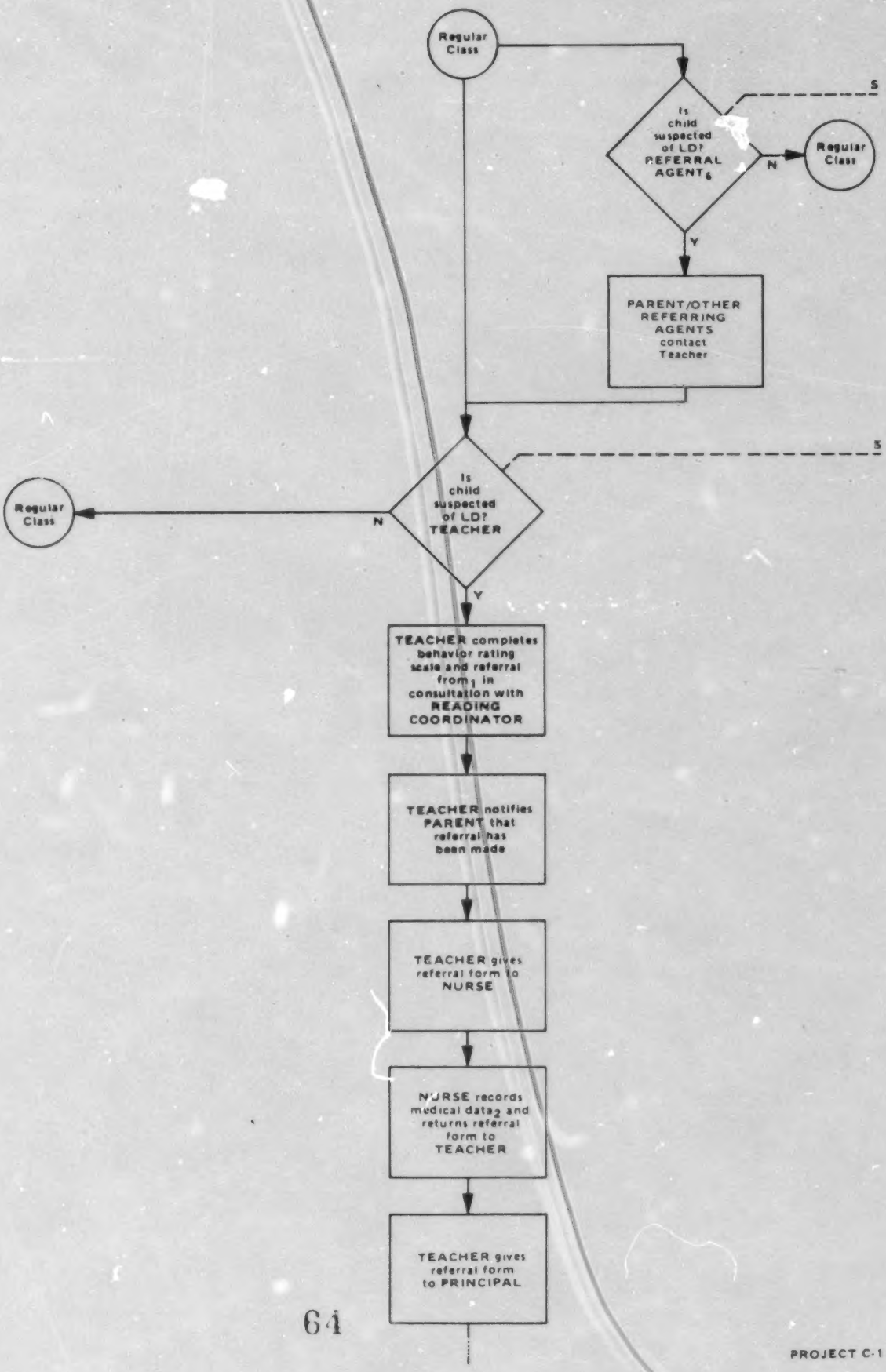
5. Information reviewed includes Teacher Rankings, Individual Checklist Scores, Teachers' comments, and Letter Identification Test Scores.

6. The exact criteria for determining the "lowest 18" are uncertain. It is apparently a group decision with Teacher Ranking, Individual Checklist Scores, Letter Identification Test Scores and Teachers' comments being considered roughly in that order; the number "18" is based on the enrollment limit for the special classes; SCHOOL in this instance means two schools in which one class is held.

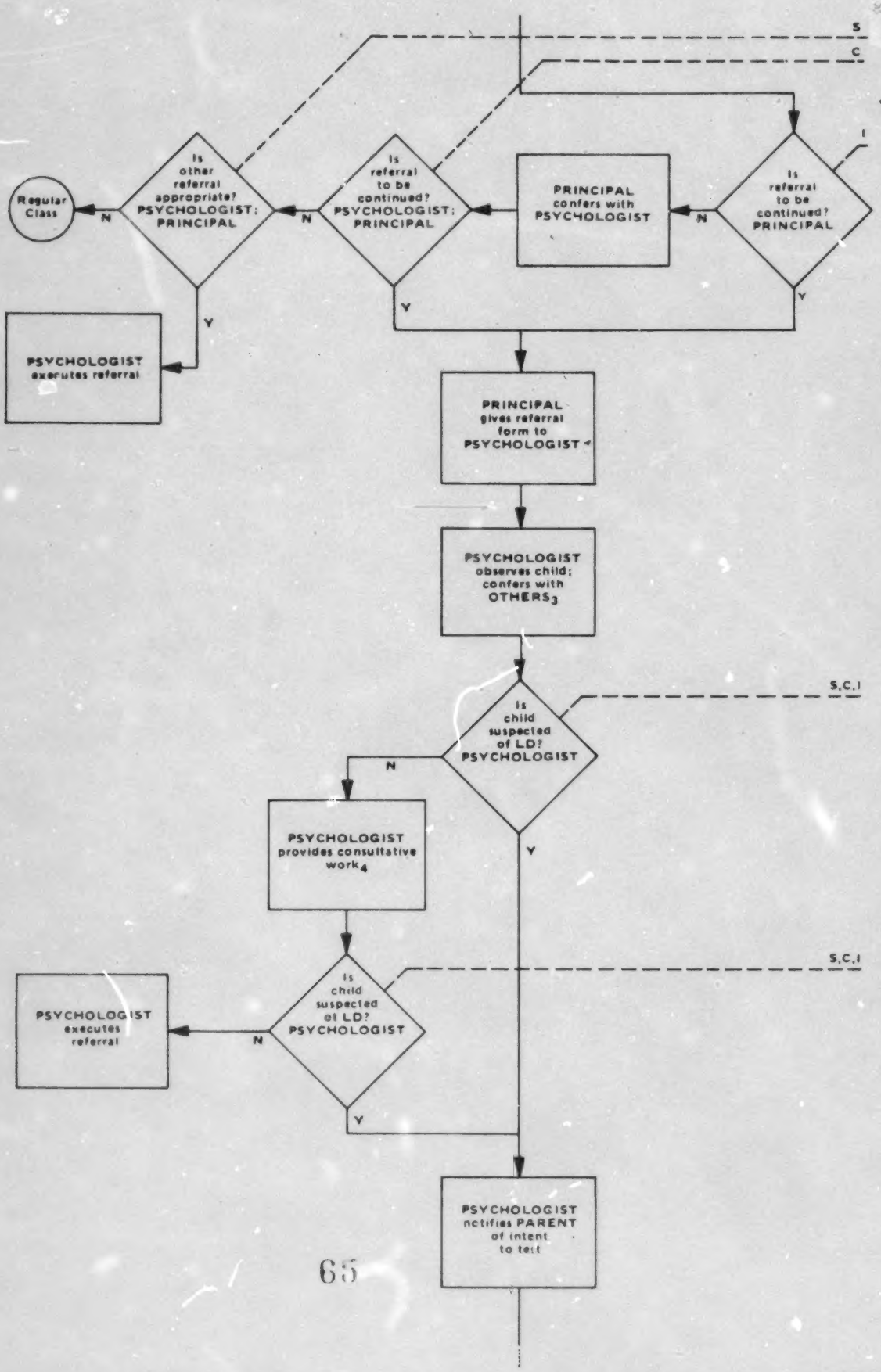
7. A separate list is made up for each Principal in t[illegible]chools where LD Resource Rooms are available.

8. Principal determines whether s/he or teacher will make contact.

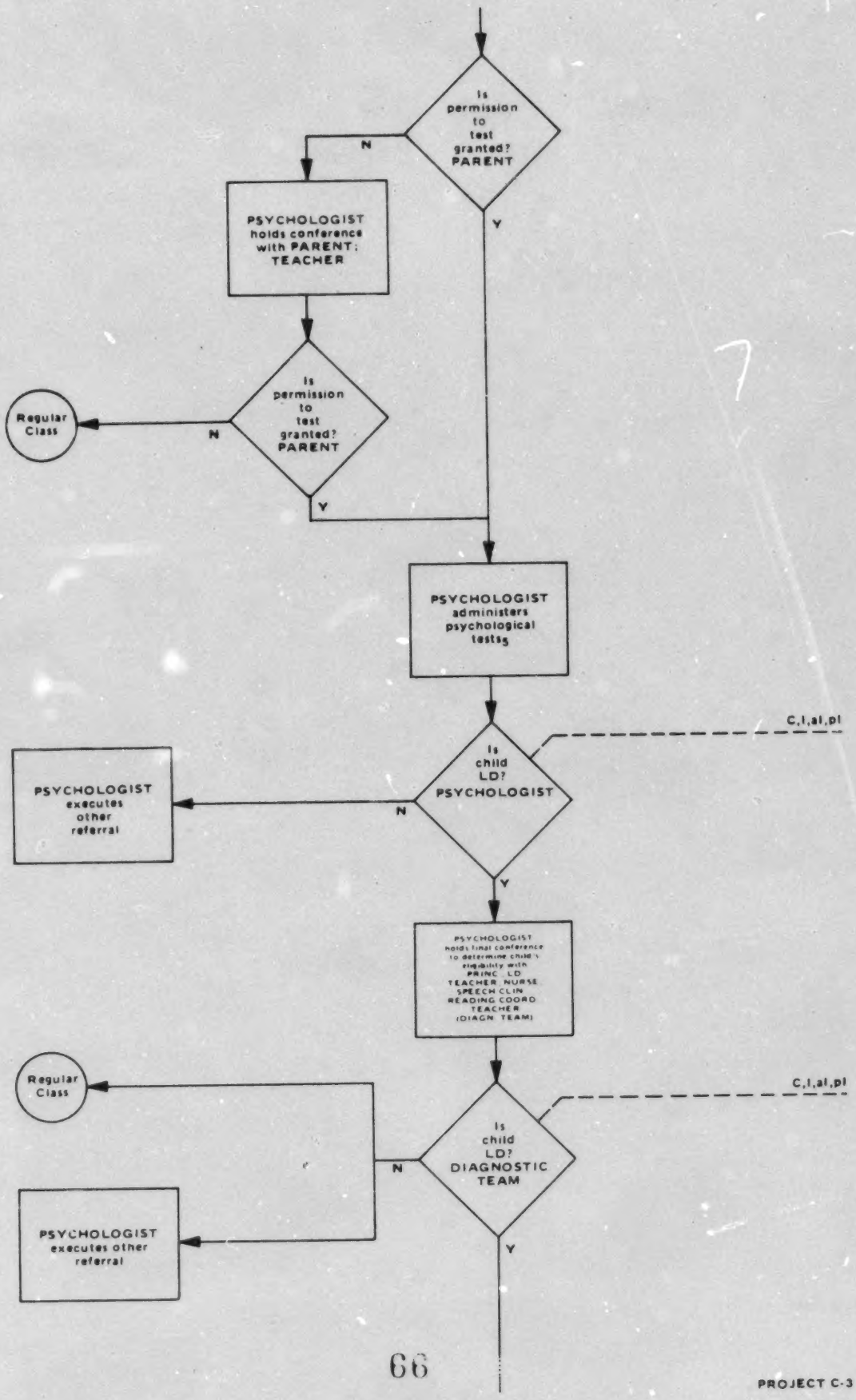
9. Quota is not merely whether the LD Self-contained room roster is complete; if child is in paired school, transportation may be a factor.


Regular Class
Is child suspected of LD? REFERRAL AGENT6
5
N
Regular Class
Y
PARENT/OTHER REFERRING AGENTS contact Teacher
Is child suspected of LD? TEACHER
5
N
Regular Class
Y
TEACHER completes behavior rating scale and referral form1 in consultation with READING COORDINATOR
TEACHER notifies PARENT that referral has been made
TEACHER gives referral form to NURSE
NURSE records medical data2 and returns referral form to TEACHER
TEACHER gives referral form to PRINCIPAL

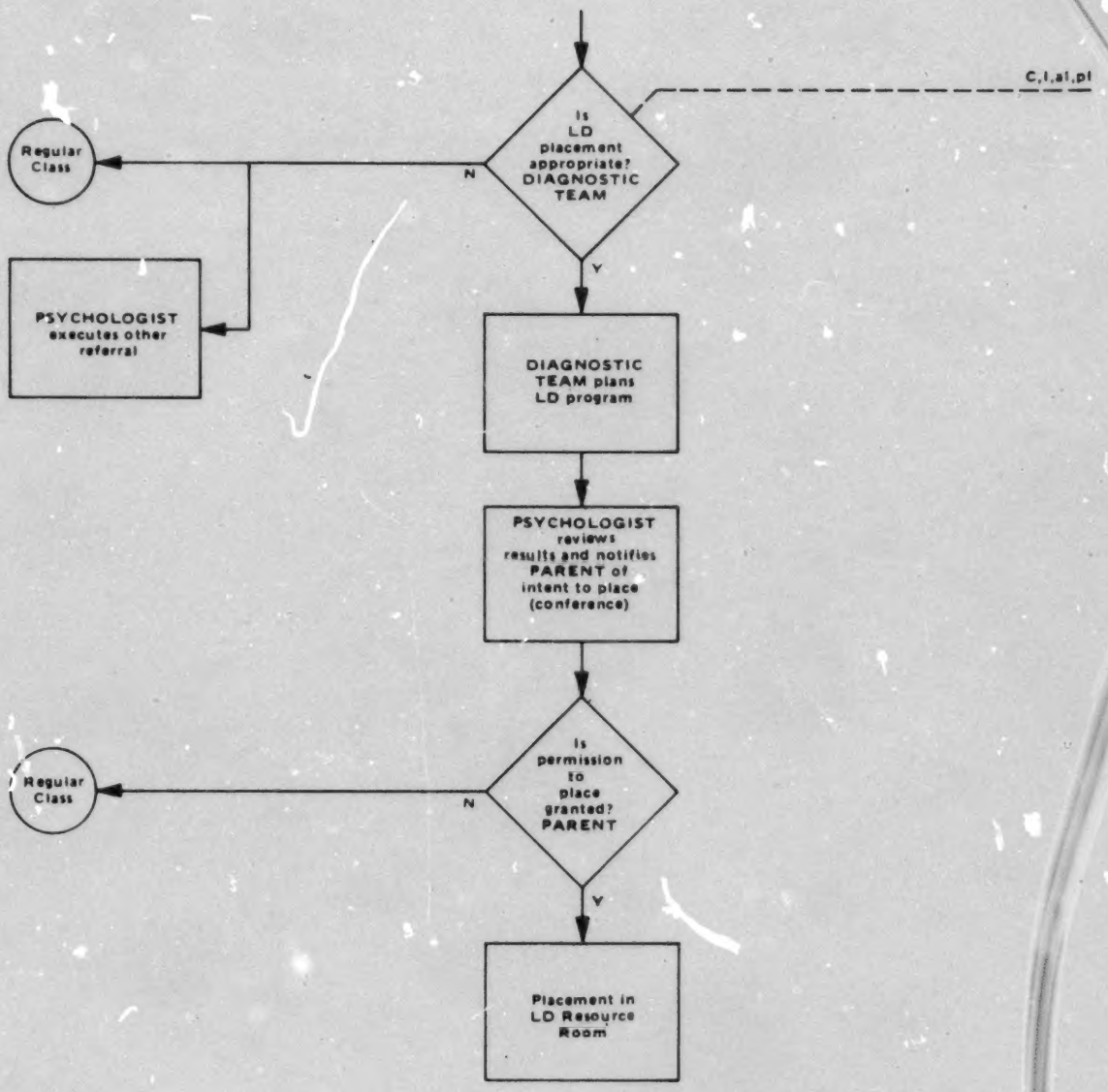
PROJECT C-1


S
C
I
Regular Class
N
Is other referral appropriate? PSYCHOLOGIST; PRINCIPAL
N
Is referral to be continued? PSYCHOLOGIST; PRINCIPAL
PRINCIPAL confers with PSYCHOLOGIST
N
Is referral to be continued? PRINCIPAL
Y
Y
Y
PSYCHOLOGIST executes referral
PRINCIPAL gives referral form to PSYCHOLOGIST
PSYCHOLOGIST observes child; confers with OTHERS3
S,C,I
Is child suspected of LD? PSYCHOLOGIST
N
Y
PSYCHOLOGIST provides consultative work4
S,C,I
Is child suspected of LD? PSYCHOLOGIST
N
PSYCHOLOGIST executes referral
Y
PSYCHOLOGIST notifies PARENT of intent to test

PROJECT C-2


Is permission to test granted? PARENT
N
Y
PSYCHOLOGIST holds conference with PARENT; TEACHER
Is permission to test granted? PARENT
Regular Class
N
Y
PSYCHOLOGIST administers psychological tests
C,I,al,pl
Is child LD? PSYCHOLOGIST
PSYCHOLOGIST executes other referral
N
Y
PSYCHOLOGIST holds final conference to determine child's eligibility with PRINC LD TEACHER NURSE SPEECH CLIN READING COORD TEACHER (DIAGN TEAM)
Regular Class
C,I,al,pl
Is child LD? DIAGNOSTIC TEAM
N
PSYCHOLOGIST executes other referral
Y

PROJECT C-3


C,I,al,pl
Is LD placement appropriate? DIAGNOSTIC TEAM
N
Y
Regular Class
PSYCHOLOGIST executes other referral
DIAGNOSTIC TEAM plans LD program
PSYCHOLOGIST reviews results and notifies PARENT of intent to place (conference)
Is permission to place granted? PARENT
N
Y
Regular Class
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: C

2. Delivery System for Intervention: LD Resource Room (Grades K-8)

3. Initial Entry: Referral (Teacher/Parent/Principal,Nurse,Speech Clinician/ LD Specialists/Reading Coordination)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Parent, Principal, Psychologist, Reading Coordinator, Nurse, LD Teacher, Speech Clinician, Child

   b) Constraining decisions: Parent, Diagnostic Team

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Referral form includes tabulation of results from previous psychological and/or achievement testing from cumulative records.

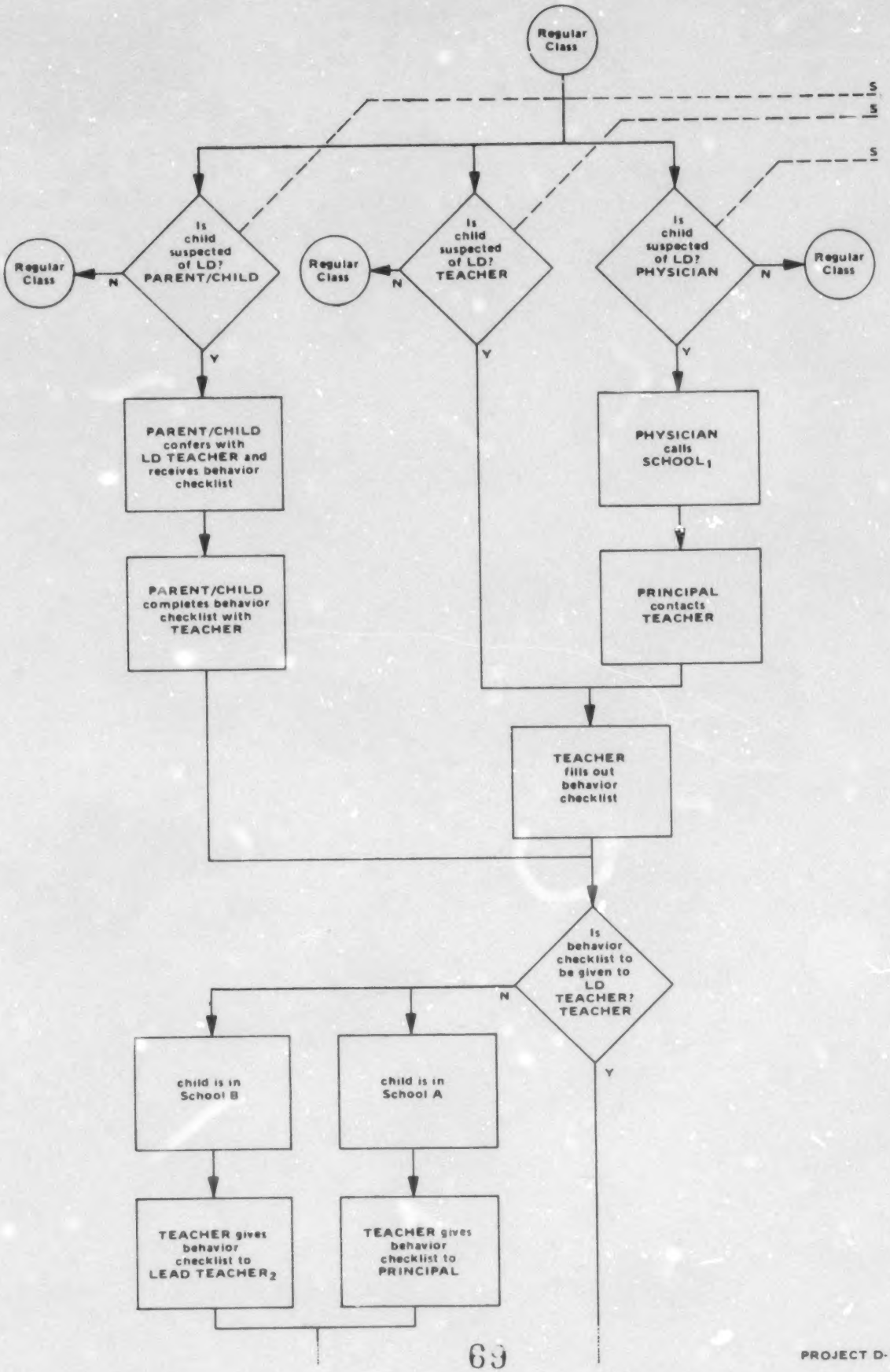
2. Medical data includes results of vision and hearing screening, use of medication and any other pertinent medical data.

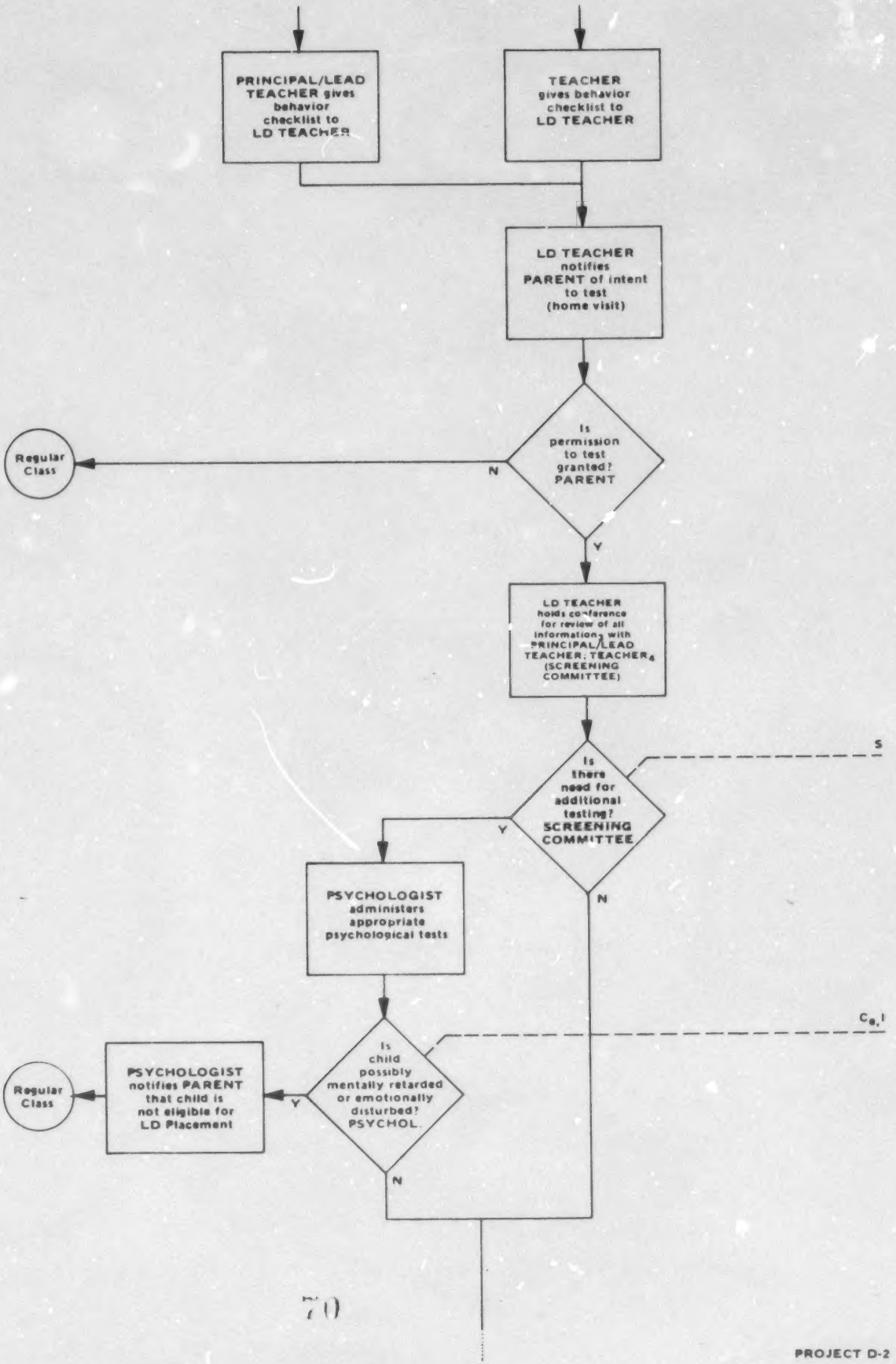
3. Usually confers with Teacher, Reading Coordinator, anyone who has had contact with the child before; observation may be in the classroom; occasionally the Psychologist will do some work with the child.

4. Psychologist himself (or another psychologist in the office of Pupil Personnel Services) consults with teacher, parent, special services personnel, or others to determine placement and/or services other than those for LD. If the child is to be considered for LD placement, he must take part in a complete psychodiagnostic evaluation.

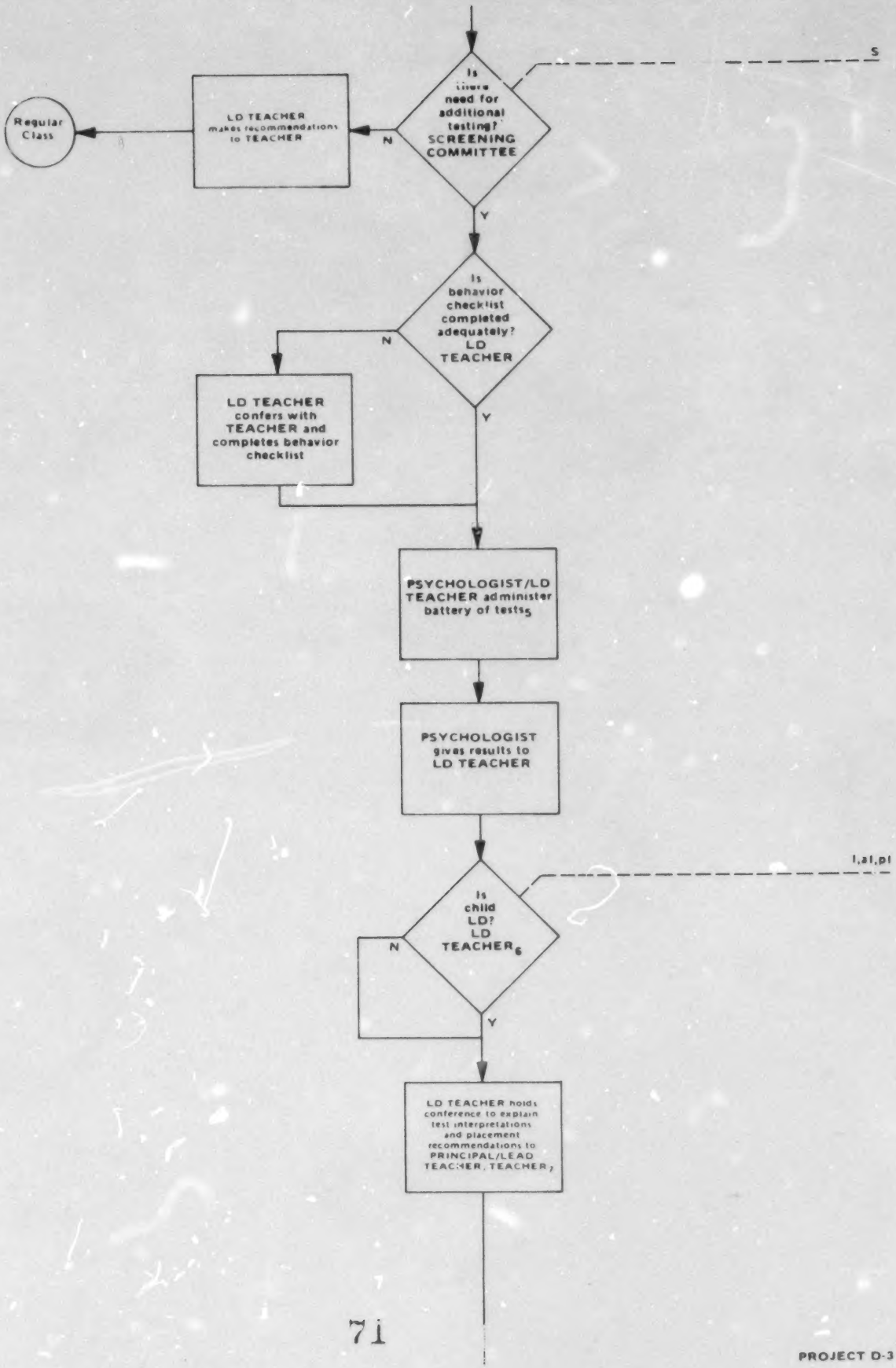
5. Testing includes individual intelligence test, plus whatever array of test the psychologist chooses to assess a complete profile of learning skills e.g. language, auditory, visual, motor, integration - essentially a processing model) and achievement.

6. Referral Agents include: Parent, Principal, Nurse, Speech Clinician, LD Specialist, Reading Coordinator, Child.

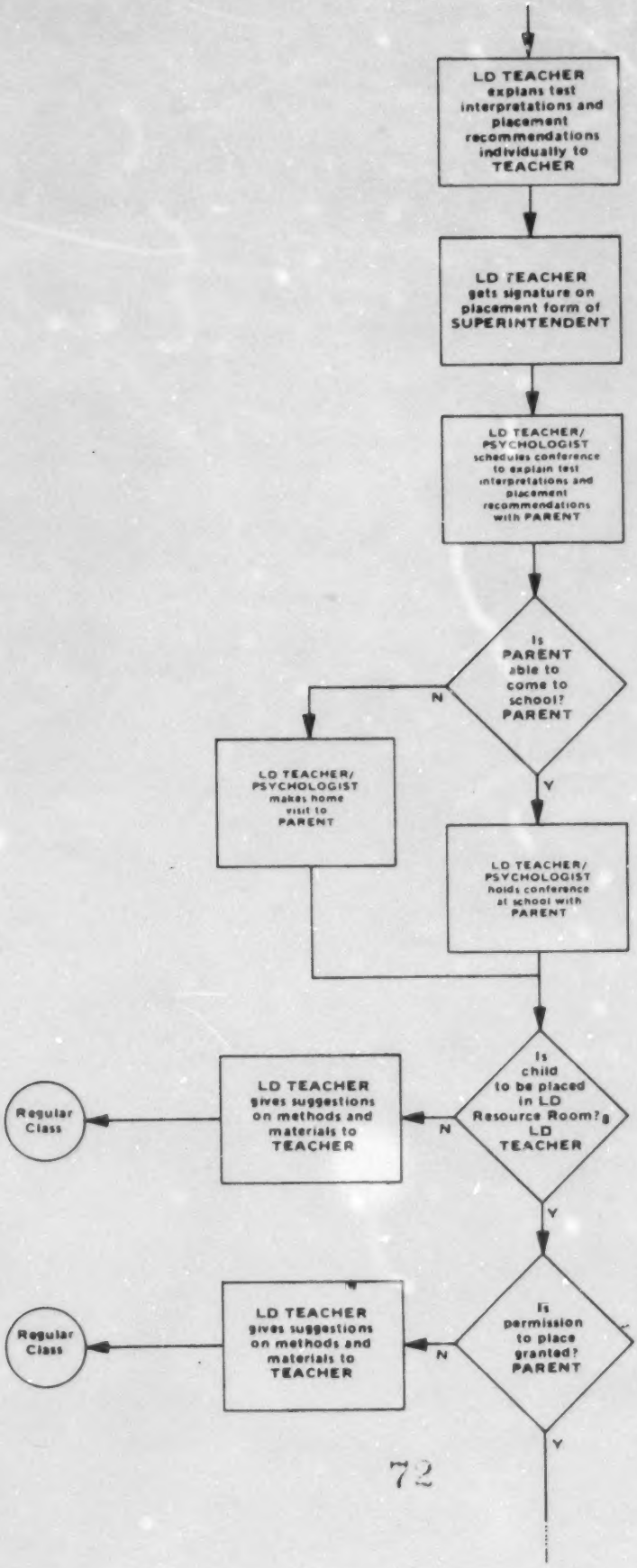

Regular Class
S
S
S
Is child suspected of LD? PARENT/CHILD
N
Regular Class
Y
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is child suspected of LD? PHYSICIAN
N
Regular Class
Y
PARENT/CHILD confers with LD TEACHER and receives behavior checklist
PARENT/CHILD completes behavior checklist with TEACHER
PHYSICIAN calls SCHOOL1
PRINCIPAL contacts TEACHER
TEACHER fills out behavior checklist
Is behavior checklist to be given to LD TEACHER? TEACHER
N
Y
child is in School B
child is in School A
TEACHER gives behavior checklist to LEAD TEACHER2
TEACHER gives behavior checklist to PRINCIPAL

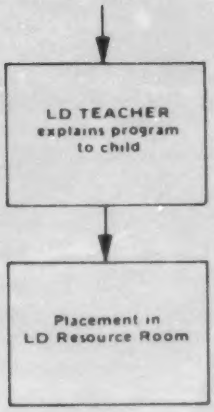

PRINCIPAL/LEAD TEACHER gives behavior checklist to LD TEACHER
TEACHER gives behavior checklist to LD TEACHER
LD TEACHER notifies PARENT of intent to test (home visit)
Is permission to test granted? PARENT
N
Regular Class
Y
LD TEACHER holds conference for review of all information with PRINCIPAL/LEAD TEACHER, TEACHER, (SCREENING COMMITTEE)
Is there need for additional testing? SCREENING COMMITTEE
S
Y
N
PSYCHOLOGIST administers appropriate psychological tests
Is child possibly mentally retarded or emotionally disturbed? PSYCHOL.
C, I
Y
N
PSYCHOLOGIST notifies PARENT that child is not eligible for LD Placement
Regular Class

PROJECT D-2


S
Is there need for additional testing? SCREENING COMMITTEE
N
LD TEACHER makes recommendations to TEACHER
Regular Class
Y
Is behavior checklist completed adequately? LD TEACHER
N
LD TEACHER confers with TEACHER and completes behavior checklist
Y
PSYCHOLOGIST/LD TEACHER administer battery of tests5
PSYCHOLOGIST gives results to LD TEACHER
I,aI,pI
Is child LD? LD TEACHER6
N
Y
LD TEACHER holds conference to explain test interpretations and placement recommendations to PRINCIPAL/LEAD TEACHER, TEACHER7

PROJECT D-3


LD TEACHER explains test interpretations and placement recommendations individually to TEACHER
LD TEACHER gets signature on placement form of SUPERINTENDENT
LD TEACHER/ PSYCHOLOGIST schedules conference to explain test interpretations and placement recommendations with PARENT
Is PARENT able to come to school? PARENT
N
Y
LD TEACHER/ PSYCHOLOGIST makes home visit to PARENT
LD TEACHER/ PSYCHOLOGIST holds conference at school with PARENT
Is child to be placed in LD Resource Room? LD TEACHER
N
Y
LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class
Is permission to place granted? PARENT
N
Y
LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class


LD TEACHER
explains program
to child
Placement in
LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: D

2. Delivery System for Intervention: LD Resource Room (Grades K-8)

3. Initial Entry: Referral (Teacher/Parent/Physician/Child)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Physician, Parent, Teacher, Psychologist, Screening Committee, LD Teacher, Placement Team

   b) Constraining decisions: Teacher, Parent, LD Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Usually this is the PRINCIPAL.

2. The Lead Teacher is simply the teacher who has worked in that particular school the longest.

3. Information includes child's complete file, i.e., medical information (usually slim) academic record, etc.

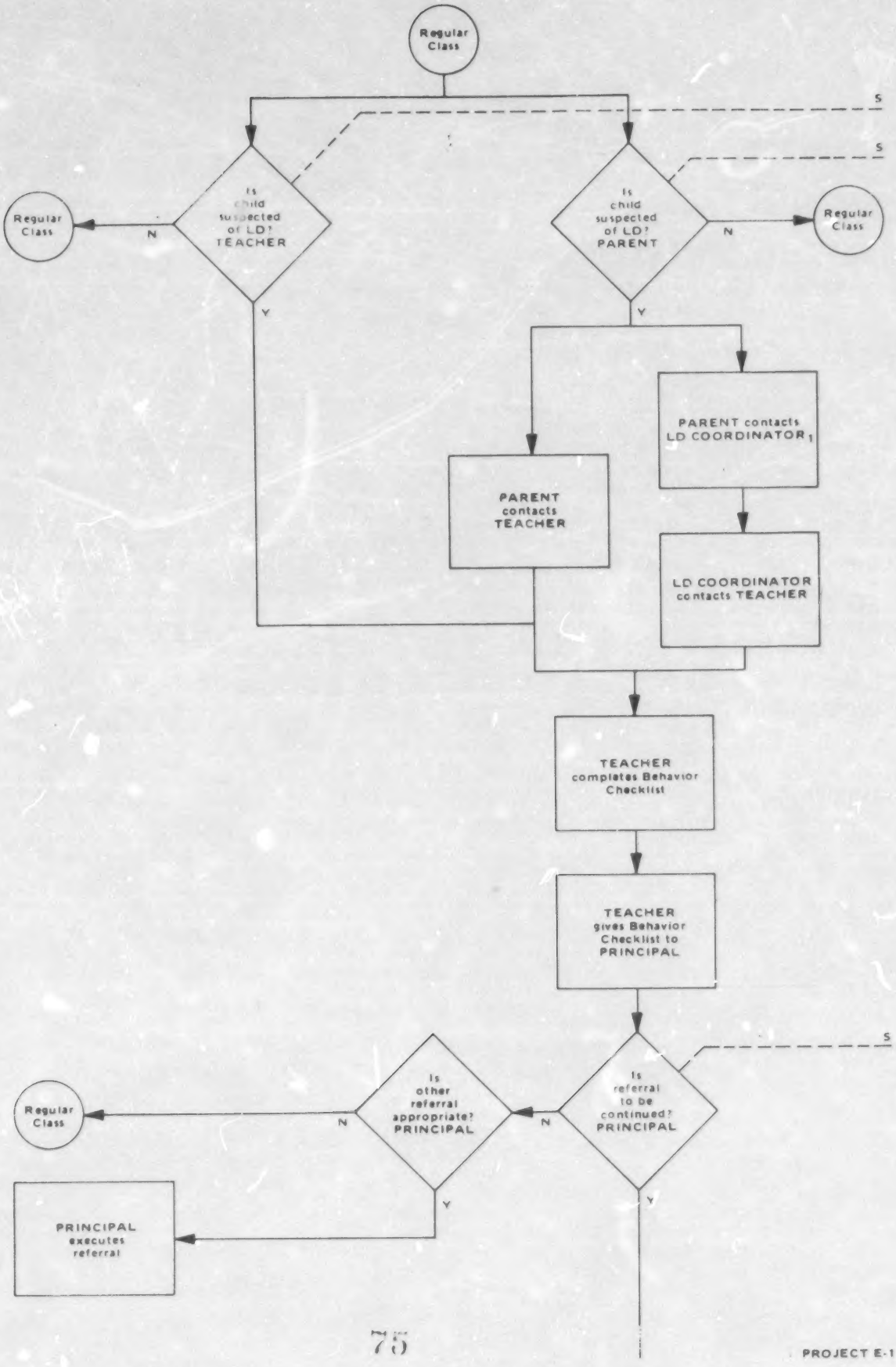
4. Occasionally the other LD teacher in the schools will come and/or the county nurse and/or psychologist.

5. Battery of tests may include Durrell Reading Analysis, WISC, Binet, TAT, Bender, Key-Math, Wepman, WRAT, Slosson, ITPA, PPVT, Frostig, Lincoln-Oseretsky, Purdue Perceptual Motor, etc. Choice of tests is made by PSYCHOLOGIST and LD Teacher (who also serves as consultant and diagnostician).

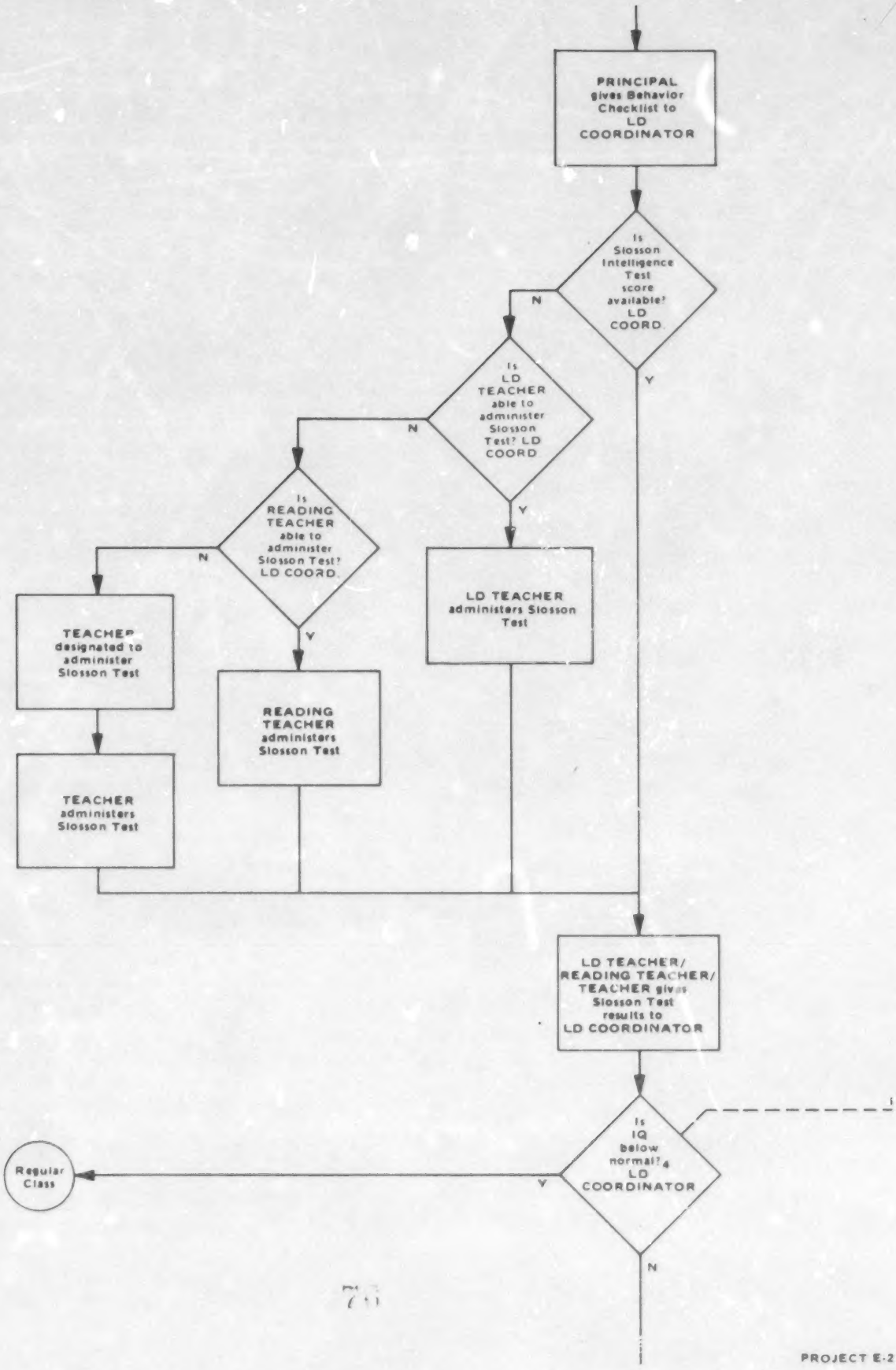
6. Child is considered LD if there is discrepancy between intelligence and achievement or between intelligence and any of the psychological processes measured.

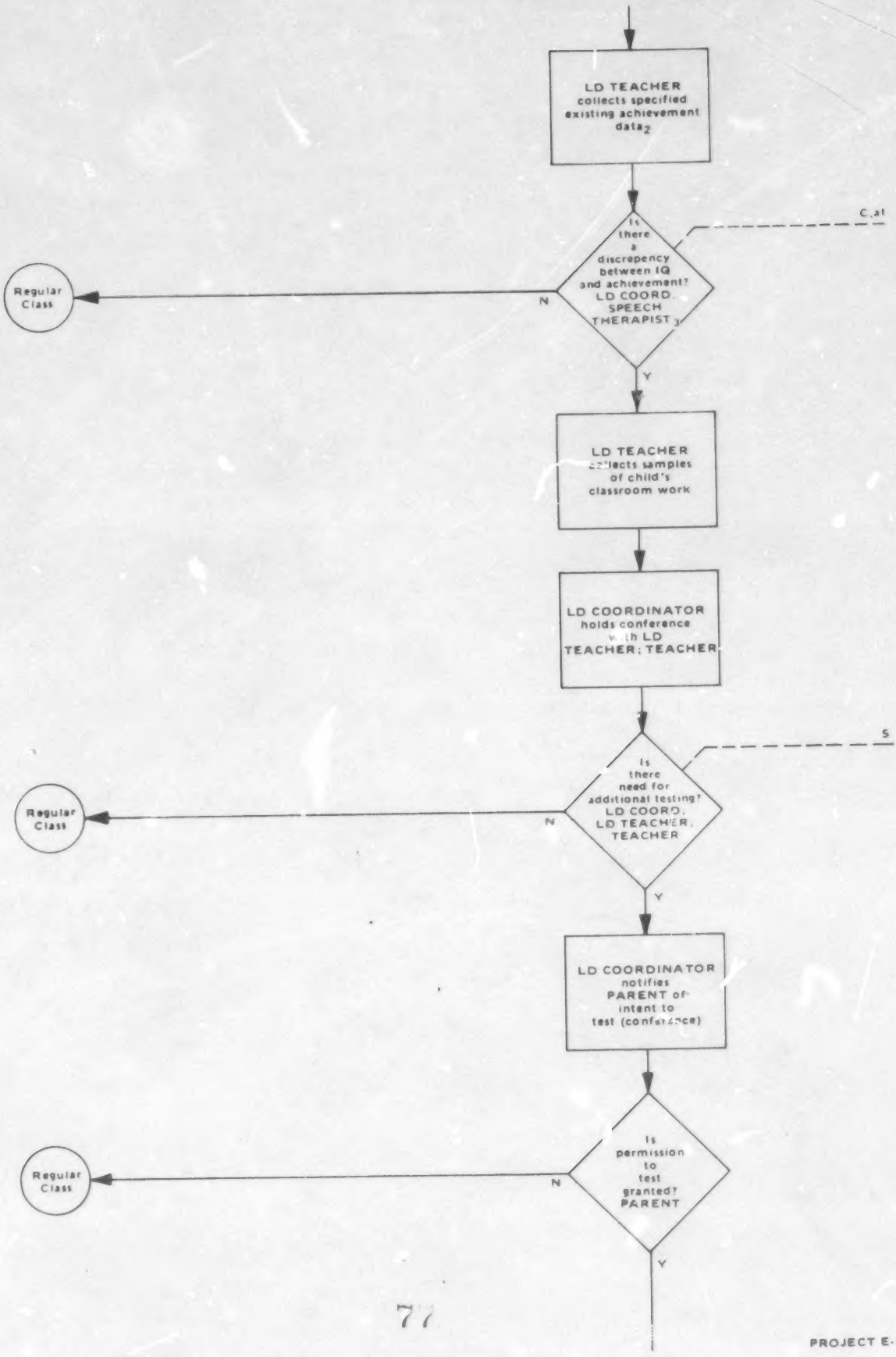
7. Whenever possible the Psychologist attends.

8. Occasionally a child is placed in the LD Resource Room even though he does not fully qualify; these are instances where no other service is available for whatever problems emerge.

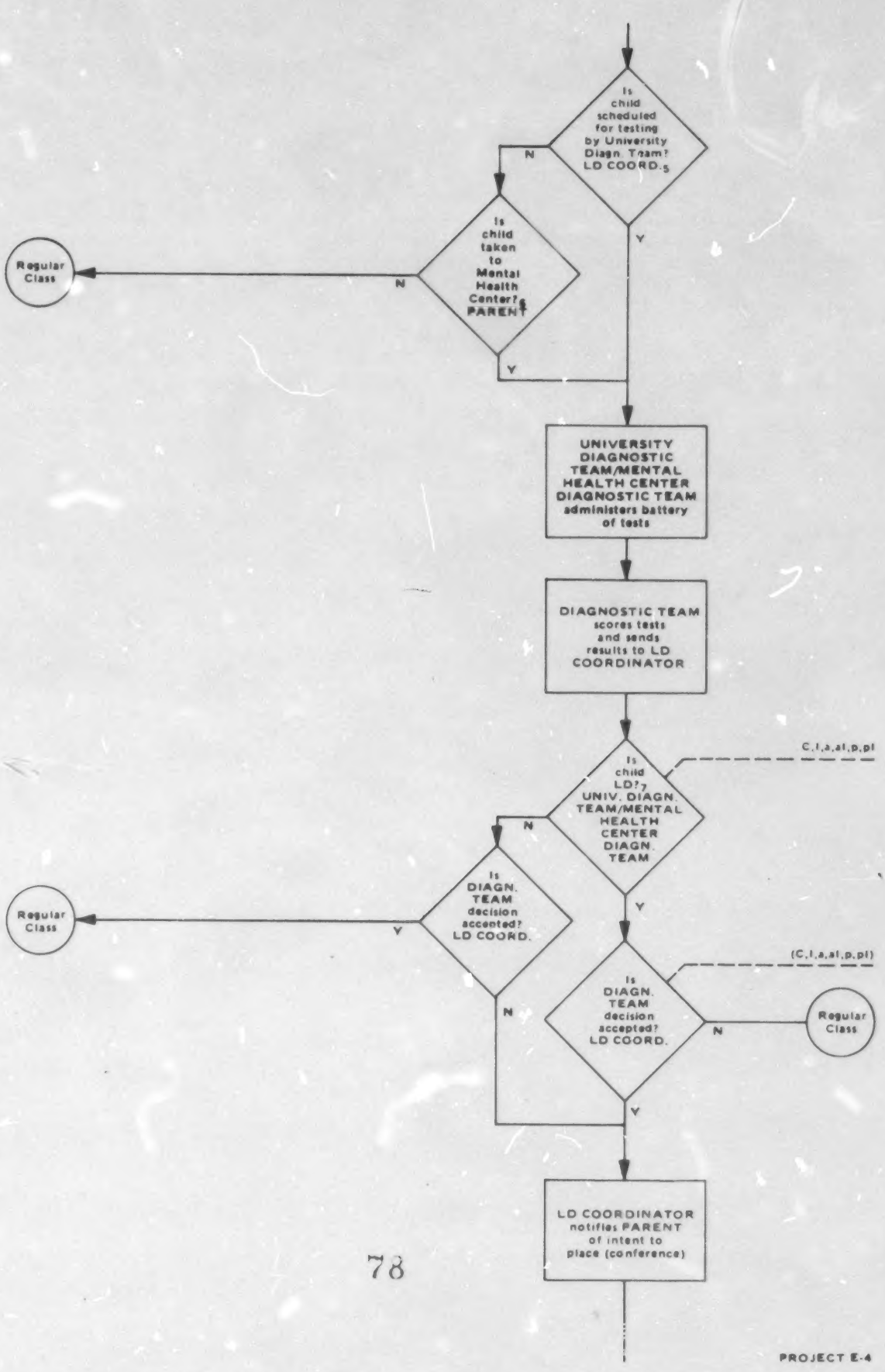

Regular Class
S
S
Regular Class
N
Is child suspected of LD? TEACHER
Is child suspected of LD? PARENT
N
Regular Class
Y
Y
PARENT contacts LD COORDINATOR
PARENT contacts TEACHER
LD COORDINATOR contacts TEACHER
TEACHER completes Behavior Checklist
TEACHER gives Behavior Checklist to PRINCIPAL
S
Regular Class
N
Is other referral appropriate? PRINCIPAL
N
Is referral to be continued? PRINCIPAL
Y
Y
PRINCIPAL executes referral

PROJECT E-1

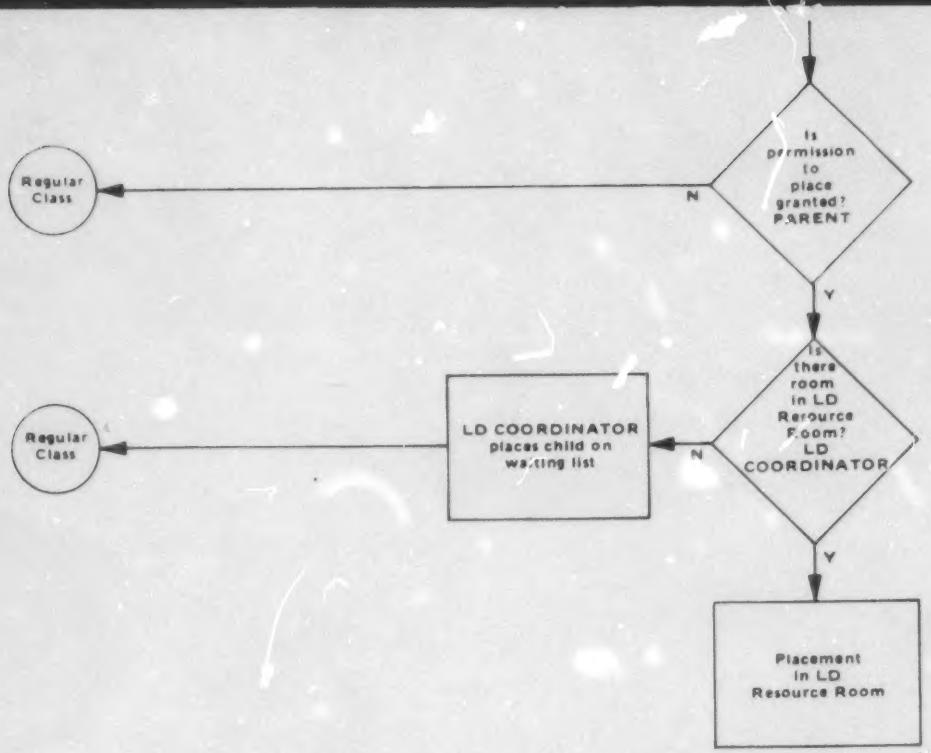

PRINCIPAL gives Behavior Checklist to LD COORDINATOR
Is Slosson Intelligence Test score available? LD COORD.
N
Y
Is LD TEACHER able to administer Slosson Test? LD COORD.
N
Y
Is READING TEACHER able to administer Slosson Test? LD COORD.
N
Y
TEACHER designated to administer Slosson Test
TEACHER administers Slosson Test
READING TEACHER administers Slosson Test
LD TEACHER administers Slosson Test
LD TEACHER/ READING TEACHER/ TEACHER gives Slosson Test results to LD COORDINATOR
Is IQ below normal? LD COORDINATOR
Y
N
Regular Class


LD TEACHER collects specified existing achievement data 2
Is there a discrepency between IQ and achievement? LD COORD. SPEECH THERAPIST 1
C,at
N
Regular Class
Y
LD TEACHER collects samples of child's classroom work
LD COORDINATOR holds conference with LD TEACHER; TEACHER
Is there need for additional testing? LD COORD. LD TEACHER, TEACHER
S
N
Regular Class
Y
LD COORDINATOR notifies PARENT of intent to test (conference)
Is permission to test granted? PARENT
N
Regular Class
Y

PROJECT E-3


Is child scheduled for testing by University Diagn. Team? LD COORD.5
N
Y
Is child taken to Mental Health Center? PARENT
N
Regular Class
Y
UNIVERSITY DIAGNOSTIC TEAM/MENTAL HEALTH CENTER DIAGNOSTIC TEAM administers battery of tests
DIAGNOSTIC TEAM scores tests and sends results to LD COORDINATOR
Is child LD?7 UNIV. DIAGN. TEAM/MENTAL HEALTH CENTER DIAGN. TEAM
C,I,a,al,p,pl
N
Y
Is DIAGN. TEAM decision accepted? LD COORD.
Y
Regular Class
N
Is DIAGN. TEAM decision accepted? LD COORD.
(C,I,a,al,p,pl)
N
Regular Class
Y
LD COORDINATOR notifies PARENT of intent to place (conference)

PROJECT E-4


Is permission to place granted? PARENT
N
Regular Class
Y
Is there room in LD Rerource Room? LD COORDINATOR
N
LD COORDINATOR places child on waiting list
Regular Class
Y
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: E

2. Delivery System for Intervention: LD Resource Room (Grades 1-6)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-Making:

a) Eligibility decisions:
- Parent
- Teacher
- Principal
- University Diagnostic Team
- Mental Health Center Diagnostic Team
- LD Coordinator
- Speech Therapist
- LD Teacher

b) Constraining decisions:
- LD Coordinator
- Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. LD Coordinator is the local Title VI-G Project Director.

2. Data include grade achievement scores; Iowa Test of Basic Skills scores, (4th grade only), Gates-MacGinitie scores; Teachers' comments.

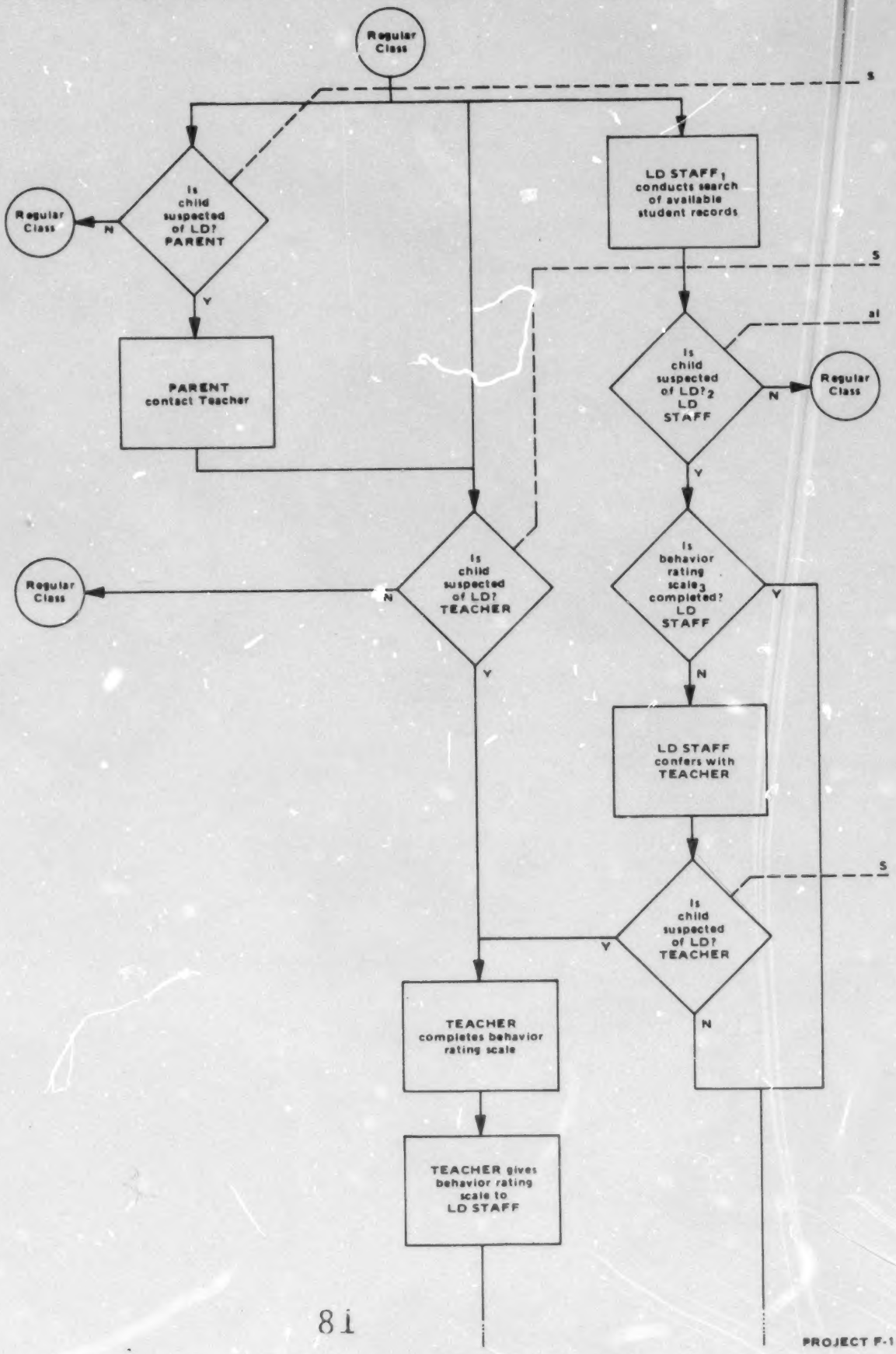
3. No set criteria were established for discrepancy; apparently the LD Coordinator called in the Speech Therapist and they jointly decided whether discrepancies were significant (NOTE: the Speech Therapist was certified in LD, but was not functioning in the project, nor as an LD Teacher).

4. Low IQ is 80 or below.

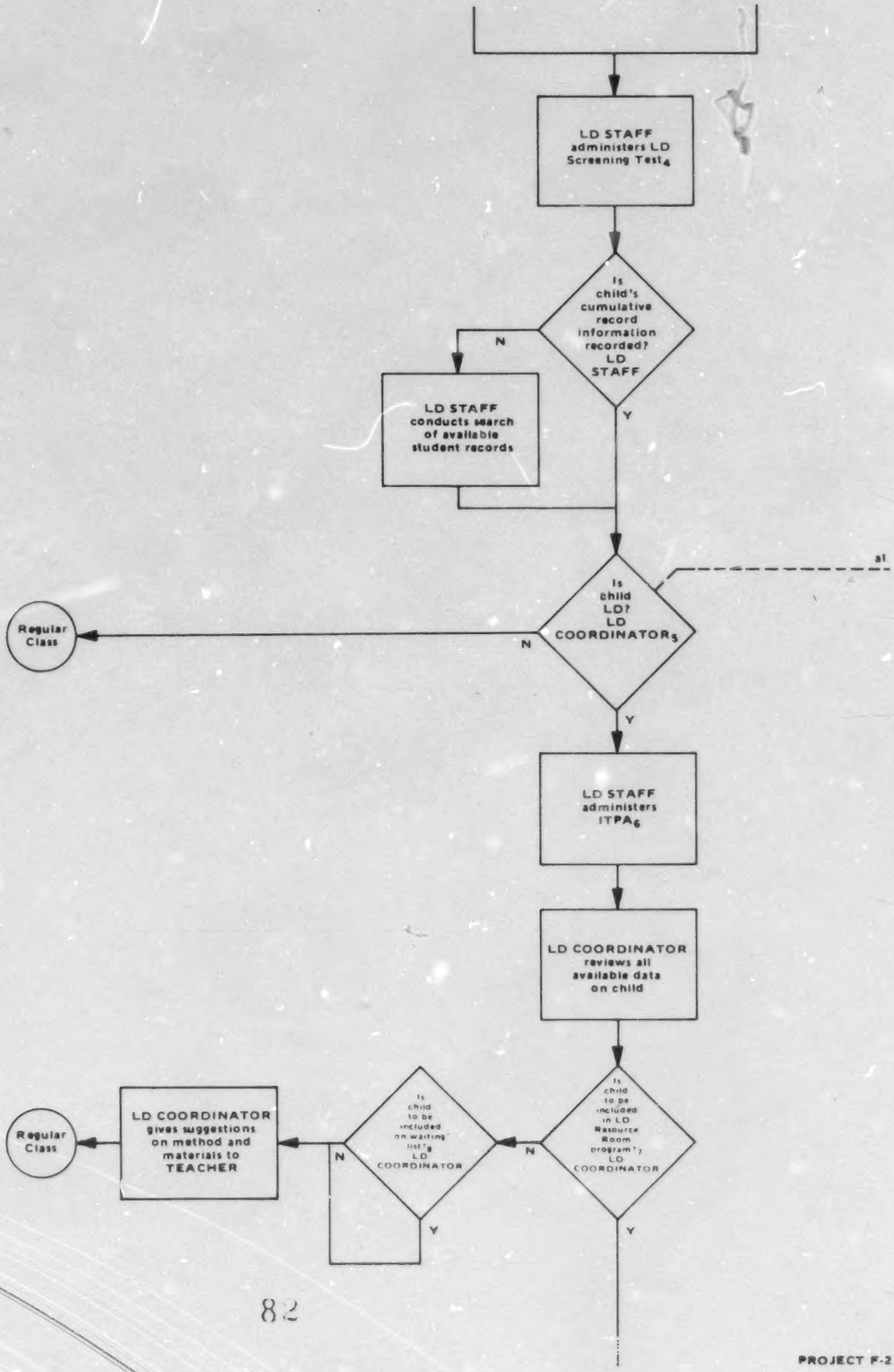
5. The University Diagnostic Team is scheduled to come to the schools at periodic intervals; the child is scheduled for that testing session if possible, otherwise he must make a special appointment at the University or go to the local Mental Health Center.

6. The parents must take the child to the local Mental Health Center for equivilant testing.
(Tests given at either site include: WISC, Bender, WRAT, ITPA, and others).

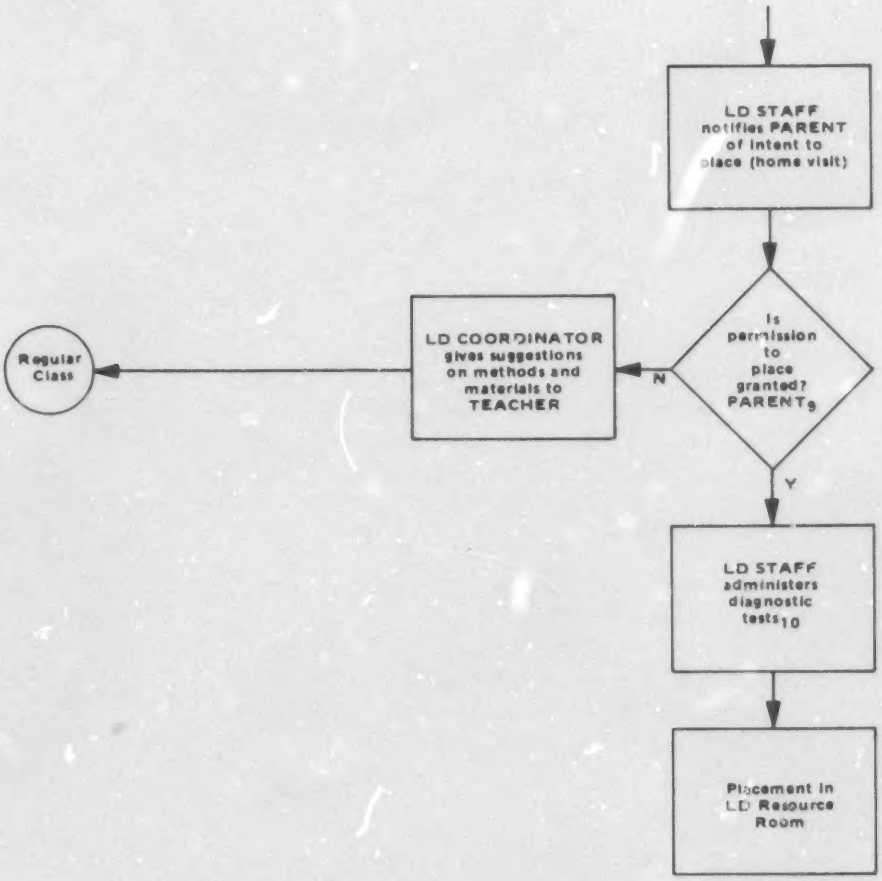
7. We are unsure about how the Diagnostic Teams describe whether the child is LD. Therefore, in our coding we have indicated that all types of "inclusion decisions" are made.


Regular Class
s
Is child suspected of LD? PARENT
N
Regular Class
Y
PARENT contact Teacher
LD STAFF1 conducts search of available student records
s
al
Is child suspected of LD?2 LD STAFF
N
Regular Class
Y
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is behavior rating scale3 completed? LD STAFF
Y
N
LD STAFF confers with TEACHER
s
Is child suspected of LD? TEACHER
Y
N
TEACHER completes behavior rating scale
TEACHER gives behavior rating scale to LD STAFF

PROJECT F-1


LD STAFF administers LD Screening Test4
Is child's cumulative record information recorded? LD STAFF
N
Y
LD STAFF conducts search of available student records
a1
Is child LD? LD COORDINATOR5
N
Regular Class
Y
LD STAFF administers ITPA6
LD COORDINATOR reviews all available data on child
Is child to be included in LD Resource Room program? LD COORDINATOR
N
Y
Is child to be included on waiting list? LD COORDINATOR
N
Y
LD COORDINATOR gives suggestions on method and materials to TEACHER
Regular Class

PROJECT F-2


LD STAFF notifies PARENT of intent to place (home visit)
Is permission to place granted? PARENT9
N
LD COORDINATOR gives suggestions on methods and materials to TEACHER
Regular Class
Y
LD STAFF administers diagnostic tests10
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: F

2. Delivery System for Intervention: LD Resource Room (Grades 1-6)

3. Initial Entry: Mass Screening (Cumulative Records Search)
   Referral (Teacher/Parent)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: LD Staff
   Teacher
   LD Coordinator

   b) Constraining decisions: LD Staff
   LD Coordinator
   Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations in flow-chart)

1. LD Staff consits of LD Coordinator, LD Teacher, Relief Teacher, (LD), Aide and Secretary.

2. Suspiction of LD is based on any discrepancies found in the cumulative records (e.g. IQ vs IQ; IQ vs Achievement Scores; Achievement Scores vs Achievement Scores). It should be stressed that extensive records were available to cull, i.e., several intelligence tests, achievement tests (e.g. MAT, WRAT, WISC, CMM, PPVT, SIT and Distar follow through Testing Program).

3. Behavior rating scale used is the form "A Basic Screening and Referral Form for Children with Suspected Learning and Behavioral Disabilities" by Robert E. Valett.

4. LD Screening Test is the latter portion of the Valett form noted above.

5. LD Coordinator is the Title VI-G Project Director.

6. All children who go through the system from this point on are considered as eligible for LD intervention; all testing and decision-making from this point is for purposes of programming, not identification.

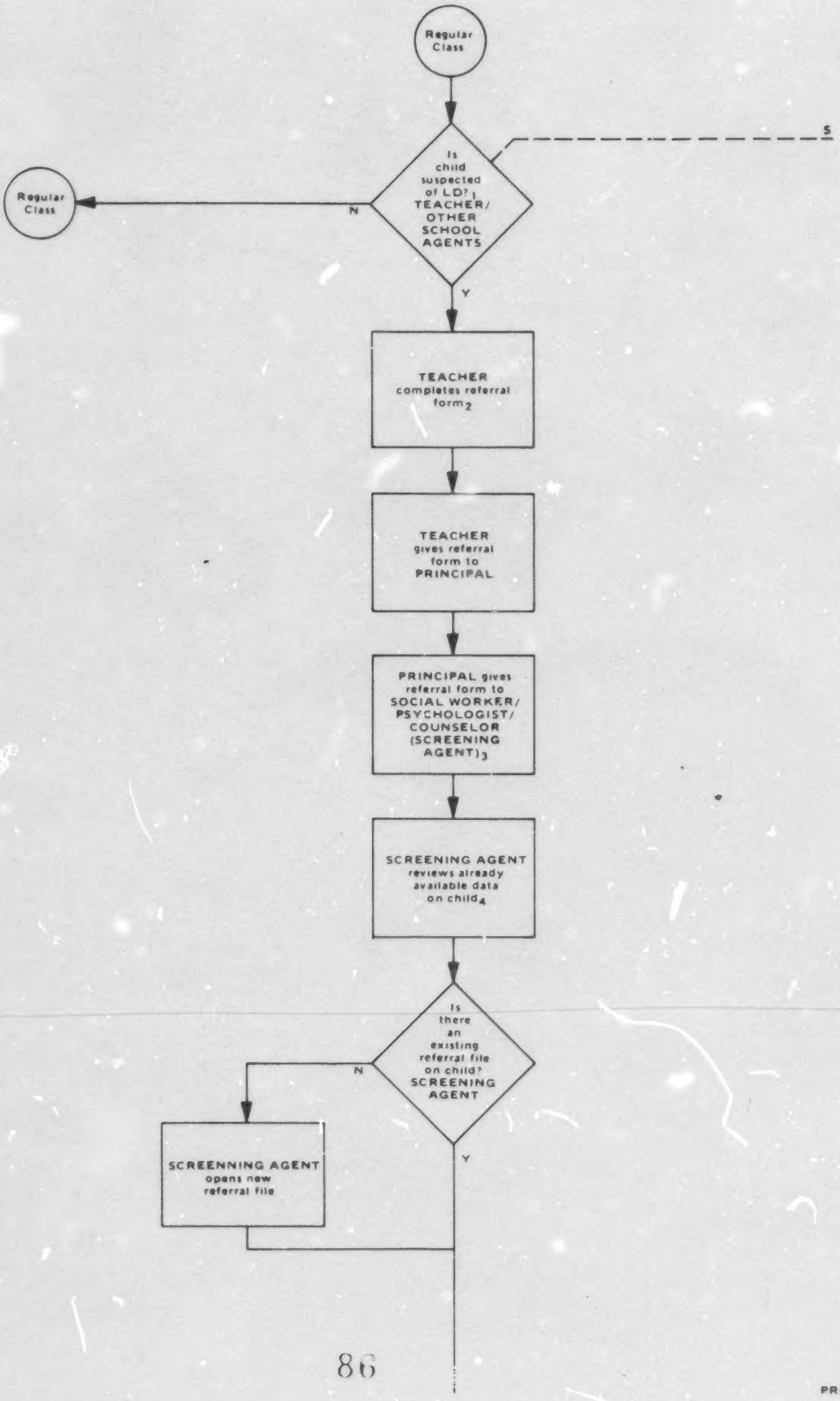
7. LD Coordinator decides which 32 children will be included for special help. There was heavy reliance on the ITPA in making these decisions; Also, was the child both referred and picked up by the records.
The LD Resource Room is one in which LD children are taken as a group from their Regular Classrooms for periods up to two weeks at a time. For these periods it might be considered as a Self-Contained LD Room,

but since this is temporary and the children return shortly to their regular classes, we have classified this system as an LD Resource Room.

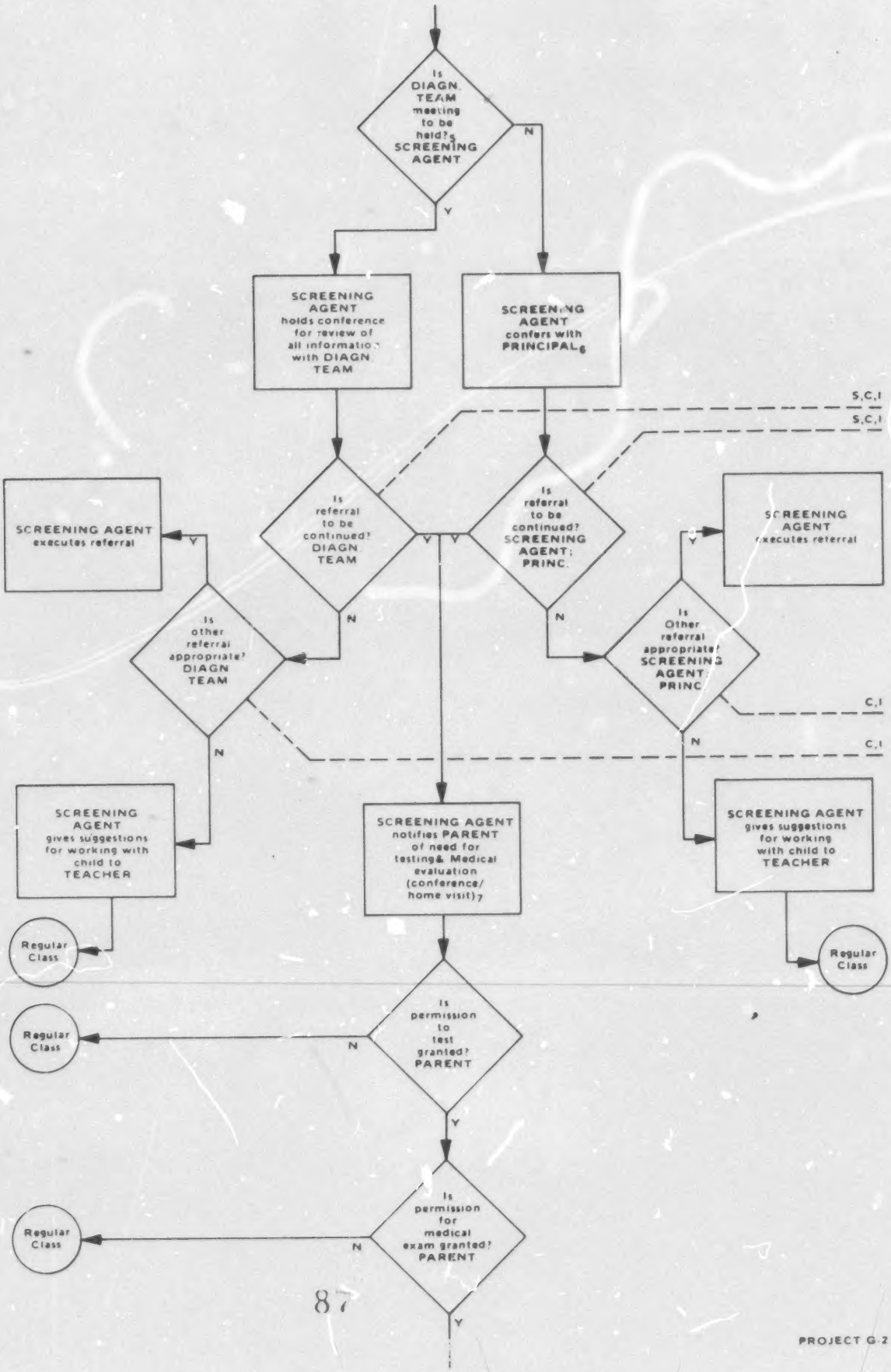
8. The waiting list was 25 or 30 children considered "questionable LD".

9. No parent refused placement.

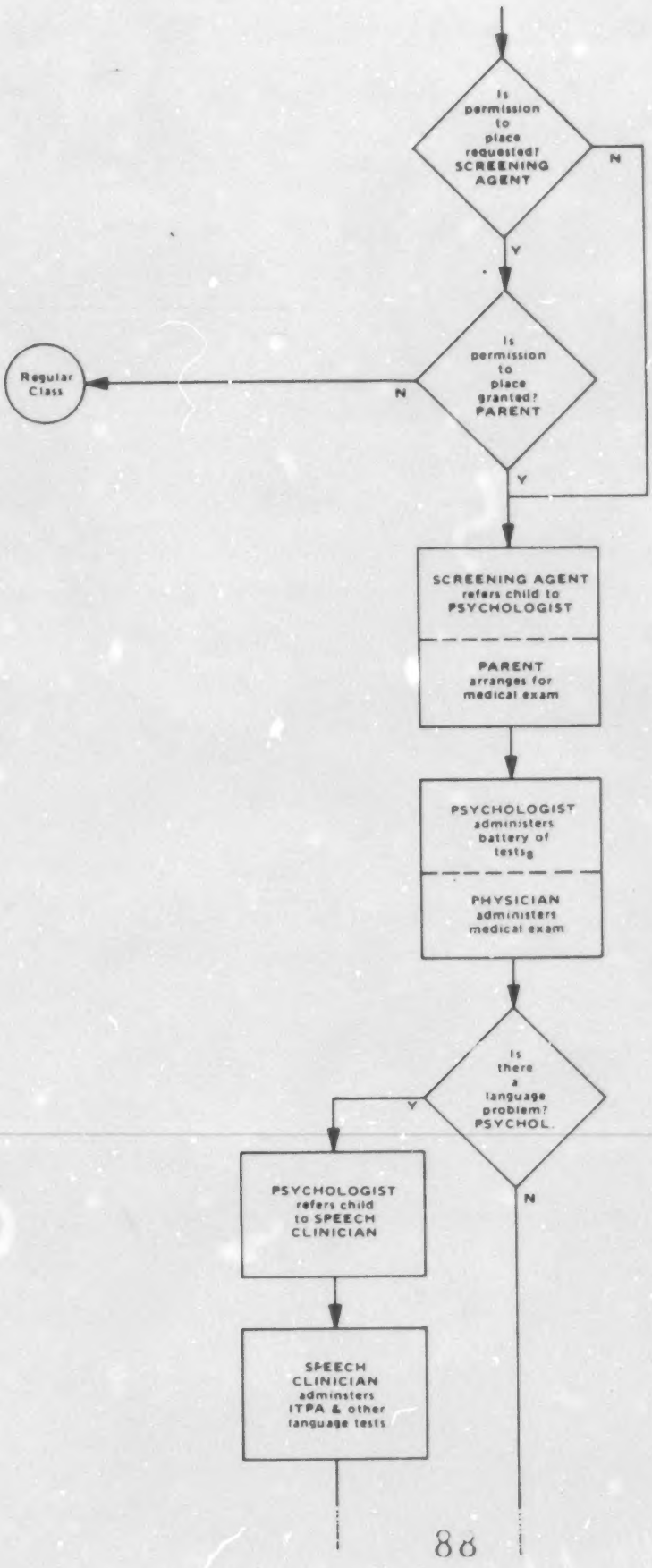
10. Diagnostic tests given include PIAT, Frostig, Key-Math, Durrell, Purdue, Boehm, Wepman, Bender, Fitzhugh, WISC.

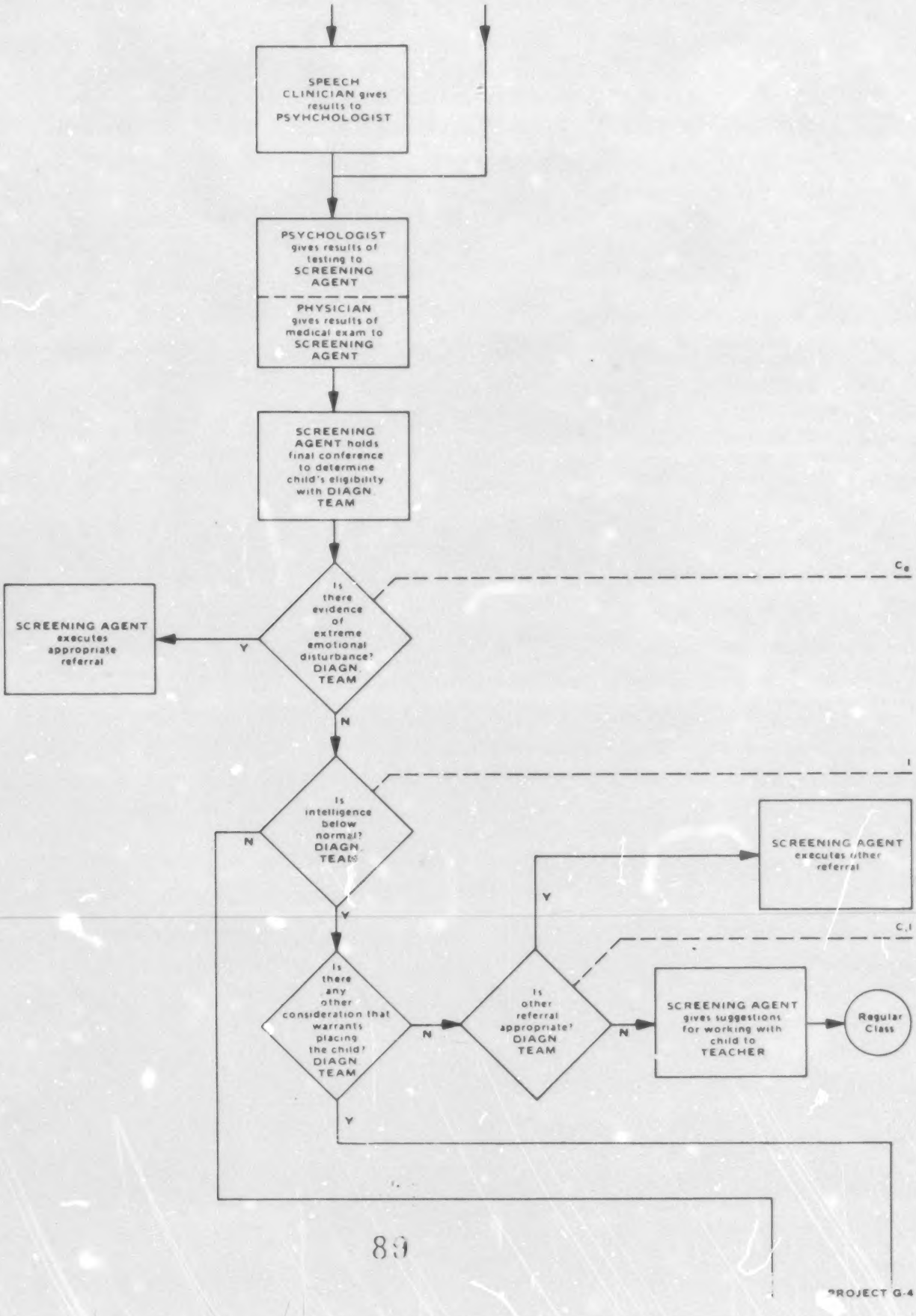

Regular Class
Is child suspected of LD?1 TEACHER/ OTHER SCHOOL AGENTS
S
N
Regular Class
Y
TEACHER completes referral form2
TEACHER gives referral form to PRINCIPAL
PRINCIPAL gives referral form to SOCIAL WORKER/ PSYCHOLOGIST/ COUNSELOR (SCREENING AGENT)3
SCREENING AGENT reviews already available data on child4
Is there an existing referral file on child? SCREENING AGENT
N
Y
SCREENNING AGENT opens new referral file

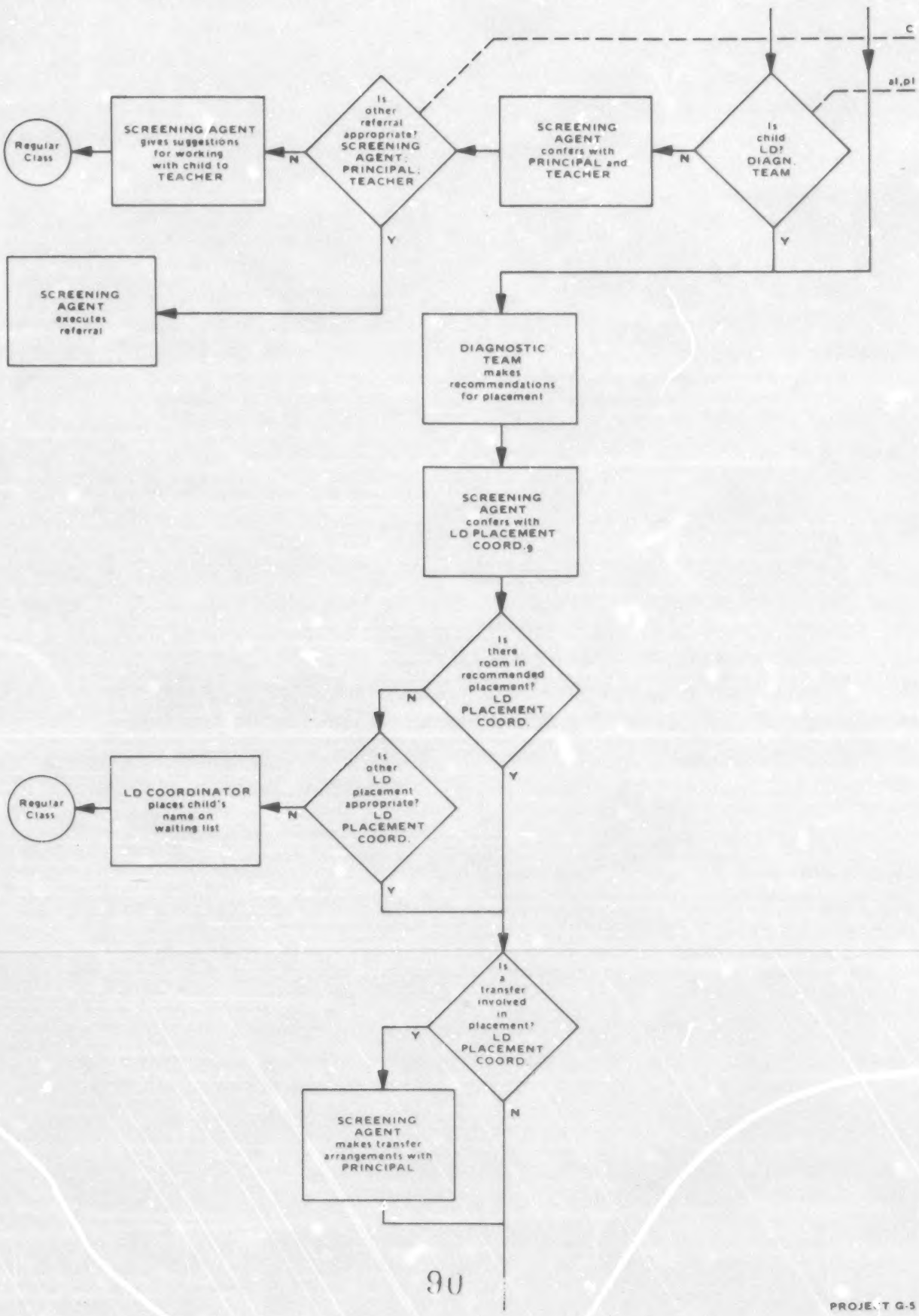
PROJECT G-1


Is DIAGN. TEAM meeting to be held? SCREENING AGENT
N
Y
SCREENING AGENT holds conference for review of all information with DIAGN. TEAM
SCREENING AGENT confers with PRINCIPAL
S,C,I
S,C,I
SCREENING AGENT executes referral
Y
Is referral to be continued? DIAGN. TEAM
Y
Y
Is referral to be continued? SCREENING AGENT; PRINC.
Y
SCREENING AGENT executes referral
N
N
Is other referral appropriate? DIAGN. TEAM
Is Other referral appropriate? SCREENING AGENT; PRINC.
C,I
N
N
C,I
SCREENING AGENT gives suggestions for working with child to TEACHER
SCREENING AGENT notifies PARENT of need for testing& Medical evaluation (conference/ home visit)
SCREENING AGENT gives suggestions for working with child to TEACHER
Regular Class
Regular Class
Regular Class
Is permission to test granted? PARENT
N
Y
Regular Class
Is permission for medical exam granted? PARENT
N
Y

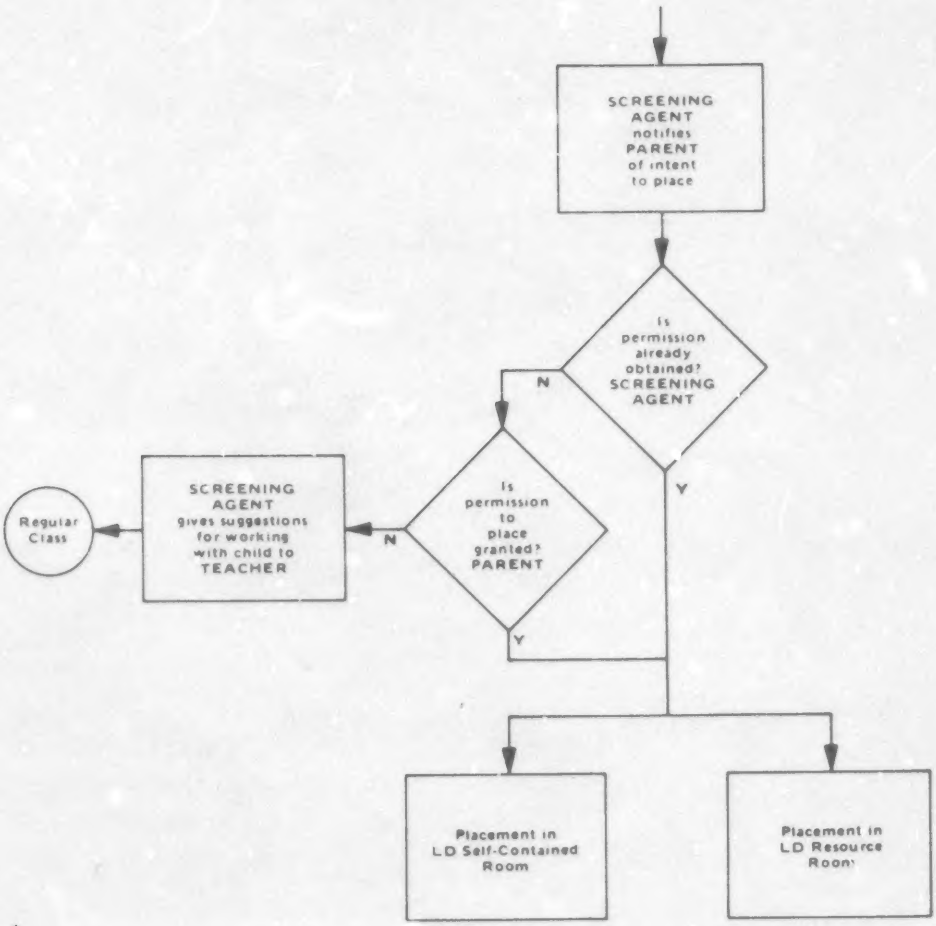
PROJECT G-2


Is permission to place requested? SCREENING AGENT
N
Y
Is permission to place granted? PARENT
Regular Class
N
Y
SCREENING AGENT refers child to PSYCHOLOGIST
PARENT arranges for medical exam
PSYCHOLOGIST administers battery of testsg
PHYSICIAN administers medical exam
Is there a language problem? PSYCHOL.
Y
N
PSYCHOLOGIST refers child to SPEECH CLINICIAN
SPEECH CLINICIAN adminsters ITPA & other language tests


SPEECH CLINICIAN gives results to PSYHCHOLOGIST
PSYCHOLOGIST gives results of testing to SCREENING AGENT
PHYSICIAN gives results of medical exam to SCREENING AGENT
SCREENING AGENT holds final conference to determine child's eligibility with DIAGN. TEAM
Is there evidence of extreme emotional disturbance? DIAGN. TEAM
Y
SCREENING AGENT executes appropriate referral
N
Is intelligence below normal? DIAGN. TEAM
N
Y
SCREENING AGENT executes other referral
Y
Is there any other consideration that warrants placing the child? DIAGN. TEAM
N
Is other referral appropriate? DIAGN. TEAM
N
SCREENING AGENT gives suggestions for working with child to TEACHER
Regular Class
Y
PROJECT G-4


c
at,pl
Regular Class
SCREENING AGENT gives suggestions for working with child to TEACHER
N
Is other referral appropriate? SCREENING AGENT, PRINCIPAL, TEACHER
SCREENING AGENT confers with PRINCIPAL and TEACHER
N
Is child LD? DIAGN. TEAM
Y
Y
SCREENING AGENT executes referral
DIAGNOSTIC TEAM makes recommendations for placement
SCREENING AGENT confers with LD PLACEMENT COORD.s
Is there room in recommended placement? LD PLACEMENT COORD.
N
Y
Regular Class
LD COORDINATOR places child's name on waiting list
N
Is other LD placement appropriate? LD PLACEMENT COORD.
Y
Is a transfer involved in placement? LD PLACEMENT COORD.
Y
N
SCREENING AGENT makes transfer arrangements with PRINCIPAL

PROJECT G-5


SCREENING AGENT notifies PARENT of intent to place
Is permission already obtained? SCREENING AGENT
N
Y
Is permission to place granted? PARENT
N
Y
SCREENING AGENT gives suggestions for working with child to TEACHER
Regular Class
Placement in LD Self-Contained Room
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: G

2. Delivery System for Intervention: LD Self-Contained (Grades K-12)
   LD Resource Room

3. Initial Entry: Referral (Teacher/other School Agents)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Other School Agents
   Screening Agent
   Principal
   Diagnostic Team (Principal, Teacher, School Nurse or Physician, LD Teacher, Psychologist, Speech Clinician - optional)

   b) Constraining decisions: Screening Agent
   Parent
   Psychologist
   LD Placement Coordinator

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. In this project, the LD category and the ED or BD category are combined into the Educationally Handicapped (EH) classification. Therefore, throughout the chart, please note that the term LD designates this more inclusive category. In this system the decision as to primary emotional problems (C_e) is based on the existence of extreme emotional disturbance (i.e., psychosis) while in pure LD classification systems a child might be eliminated for less severe problems in this area.

2. There is considerable variation in the degree of specificity and completeness with which a teacher completes the form, depending on standards set by screening agent.

3. The District Pupil Personnel Director decides who serves as Screening Agent in each school. Principals prefer (and may request) counselors, since they can be used as teacher substitutes.

4. Data includes: a) review of cumulative record; b) review of health record (particularly vision and hearing); c) observation of child; d) conferring with teacher and other personnel; e) collection of samples of child's work.

5. Although specific persons are specified on paper as belonging to this team, there appears to be considerable flexibility among schools. Those specified

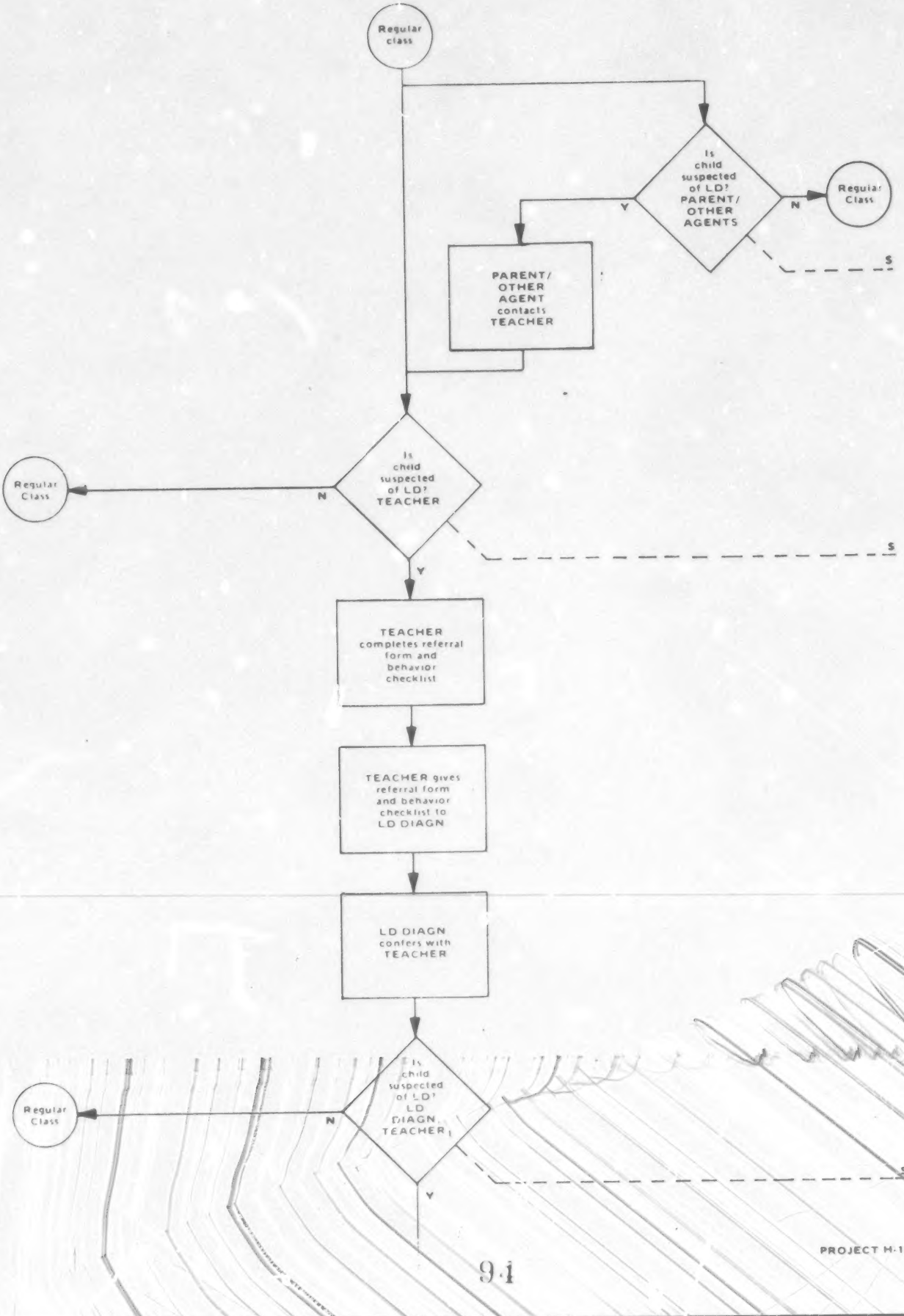
include Principal, Teacher, School Nurse or Physician, LD Teacher, Psychologist; Speech Clinician is optional and is included if there appears to be a language disability.

6. This initial meeting to review information on a child is optional. Many Screening Agents simply decide about continuing the referral in conference with the principal.

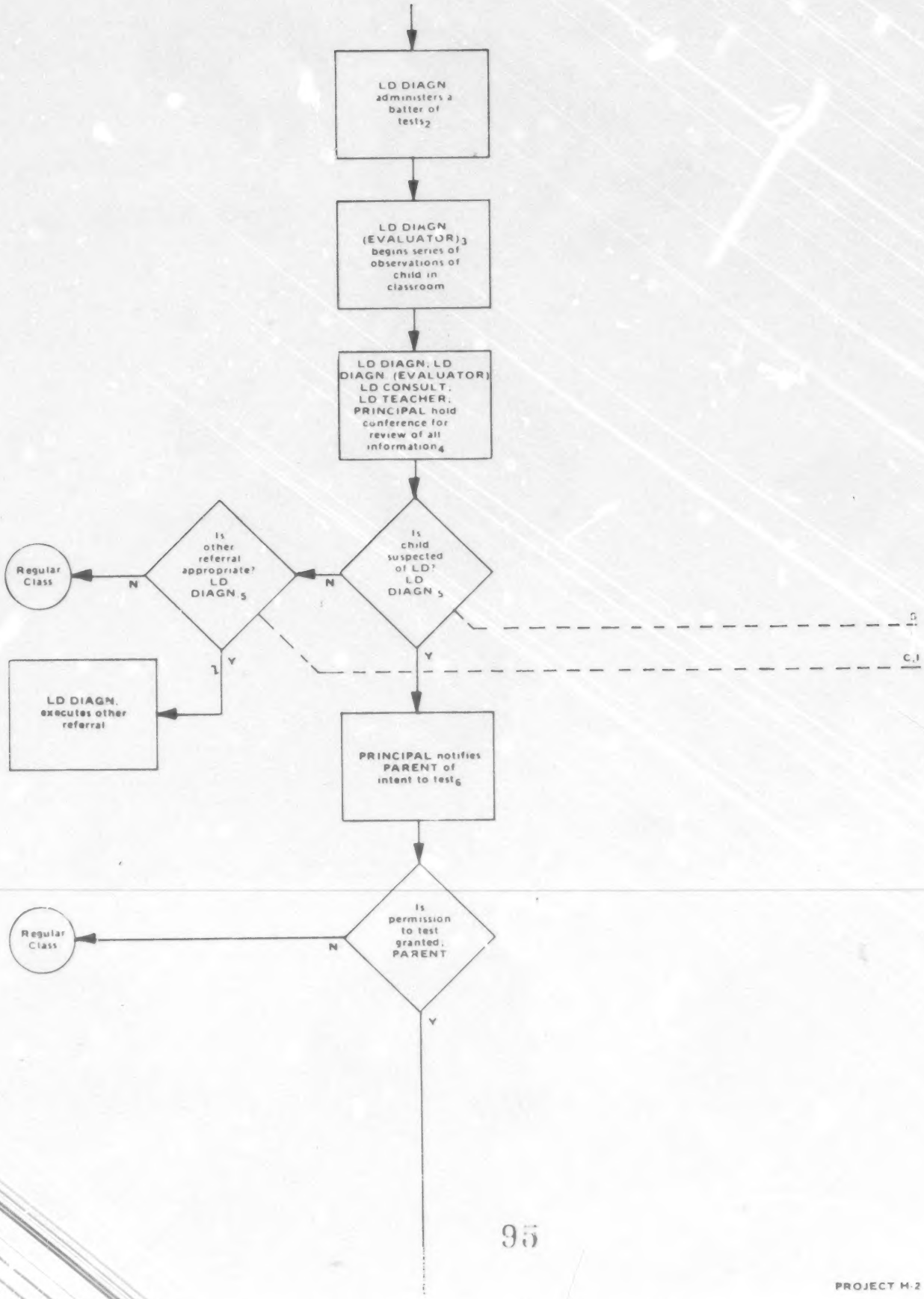
7. If EH placement is a possibility, the child must be evaluated by a physician as to neurological or emotional handicap, and this medical report is included as part. During the conference or home visit, the Screening Agent also gathers social and developmental information.

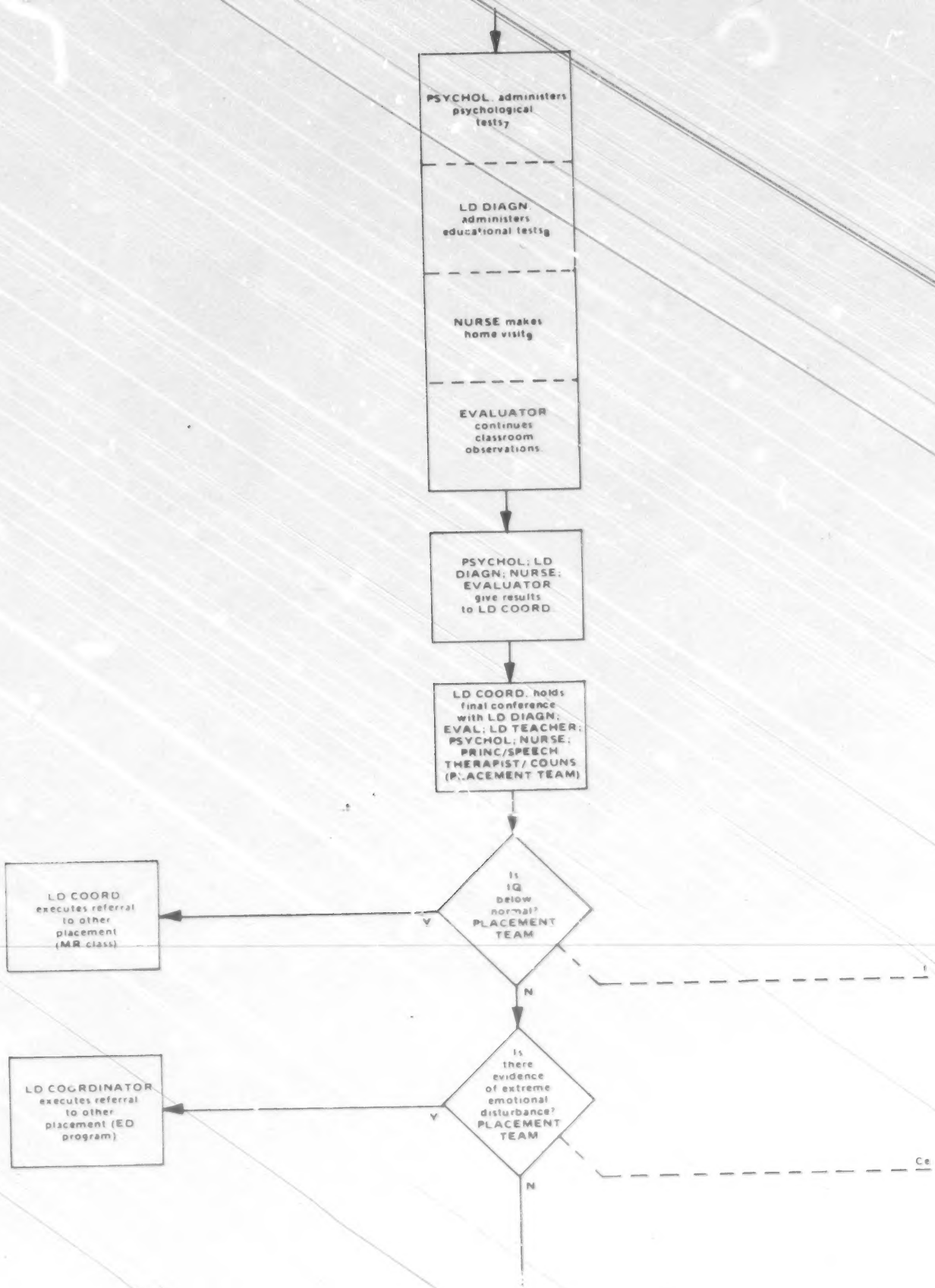
8. Some individual IQ test is required (WISC, Binet, WAIS, etc.). Other tests are optional and may include Bender, WRAT, Draw-a-Person, Rorschach, CAT, Sentence Completion Test, Wepman. Testing covers these areas: intelligence, academic achievement, visual motor skills, personality.

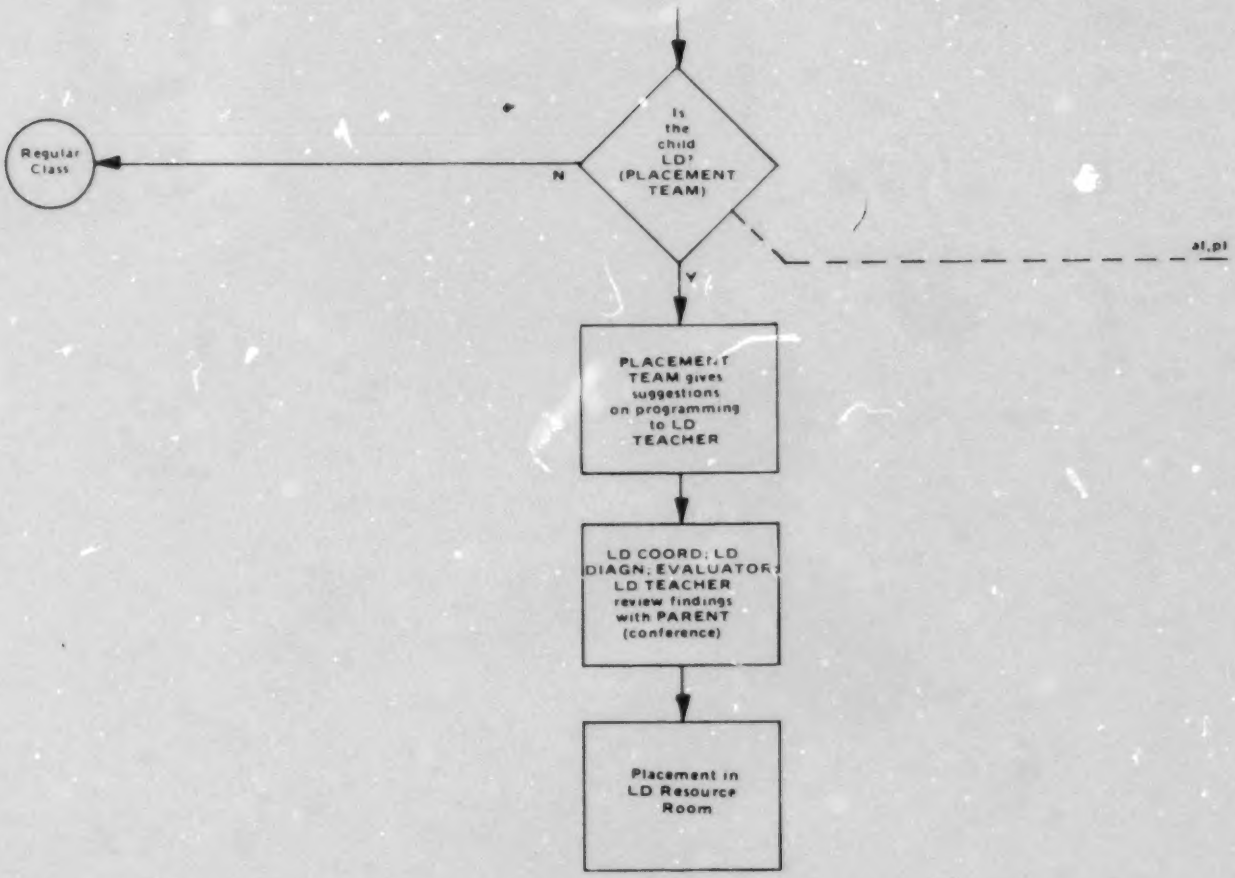
9. The role of LD Placement Coordinator is exclusively concerned with placing children who have been identified for service. This person does have the power to shift a child from the recommended LD placement to another LD placement if the former is presently unavailable.


Regular class
Is child suspected of LD? PARENT/ OTHER AGENTS
Y
N
Regular Class
S
PARENT/ OTHER AGENT contacts TEACHER
Is child suspected of LD? TEACHER
N
Regular Class
S
Y
TEACHER completes referral form and behavior checklist
TEACHER gives referral form and behavior checklist to LD DIAGN
LD DIAGN confers with TEACHER
Is child suspected of LD? LD DIAGN, TEACHER
N
Regular Class
S
Y

PROJECT H-1


LD DIAGN administers a batter of tests 2
LD DIAGN (EVALUATOR) 3 begins series of observations of child in classroom
LD DIAGN, LD DIAGN (EVALUATOR) LD CONSULT, LD TEACHER, PRINCIPAL hold conference for review of all information 4
Is child suspected of LD? LD DIAGN 5
N
Is other referral appropriate? LD DIAGN 5
N
Regular Class
Y
LD DIAGN executes other referral
Y
PRINCIPAL notifies PARENT of intent to test 6
Is permission to test granted, PARENT
N
Regular Class
Y


PSYCHOL. administers psychological tests7
LD DIAGN. administers educational tests8
NURSE makes home visit9
EVALUATOR continues classroom observations
PSYCHOL; LD DIAGN; NURSE; EVALUATOR give results to LD COORD.
LD COORD. holds final conference with LD DIAGN; EVAL; LD TEACHER; PSYCHOL; NURSE; PRINC/SPEECH THERAPIST/ COUNS. (PLACEMENT TEAM)
Is IQ below normal? PLACEMENT TEAM
Y
LD COORD executes referral to other placement (MR class)
N
Is there evidence of extreme emotional disturbance? PLACEMENT TEAM
Y
LD COORDINATOR executes referral to other placement (ED program)
N


Is the child LD? (PLACEMENT TEAM)
N
Regular Class
Y
al,pl
PLACEMENT TEAM gives suggestions on programming to LD TEACHER
LD COORD; LD DIAGN; EVALUATOR; LD TEACHER review findings with PARENT (conference)
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: H

2. Delivery System for Intervention: LD Resource Room (Grades 1-6)

3. Initial Entry: Referral (Teacher/Parent/other Agents)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Parent
   LD Diagnostician

   b) Constraining decisions: Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Due to three years of in-service the teachers and LD Diagnostician rarely disagree at this point.

2. Battery of tests consists of SIT, PPVT, WRAT, Wepman, VMI, Bender. These are designated as "screening tests."

3. LD Diagnostician (Evaluator) is a specific member of the Diagnostic Team; his role is essentially to observe and record behavior of children in the classroom during the period of diagnostic evaluation and after children have been placed in intervention.

4. Principal has no input to the decision-making; he is included in conference for purposes of keeping him informed.

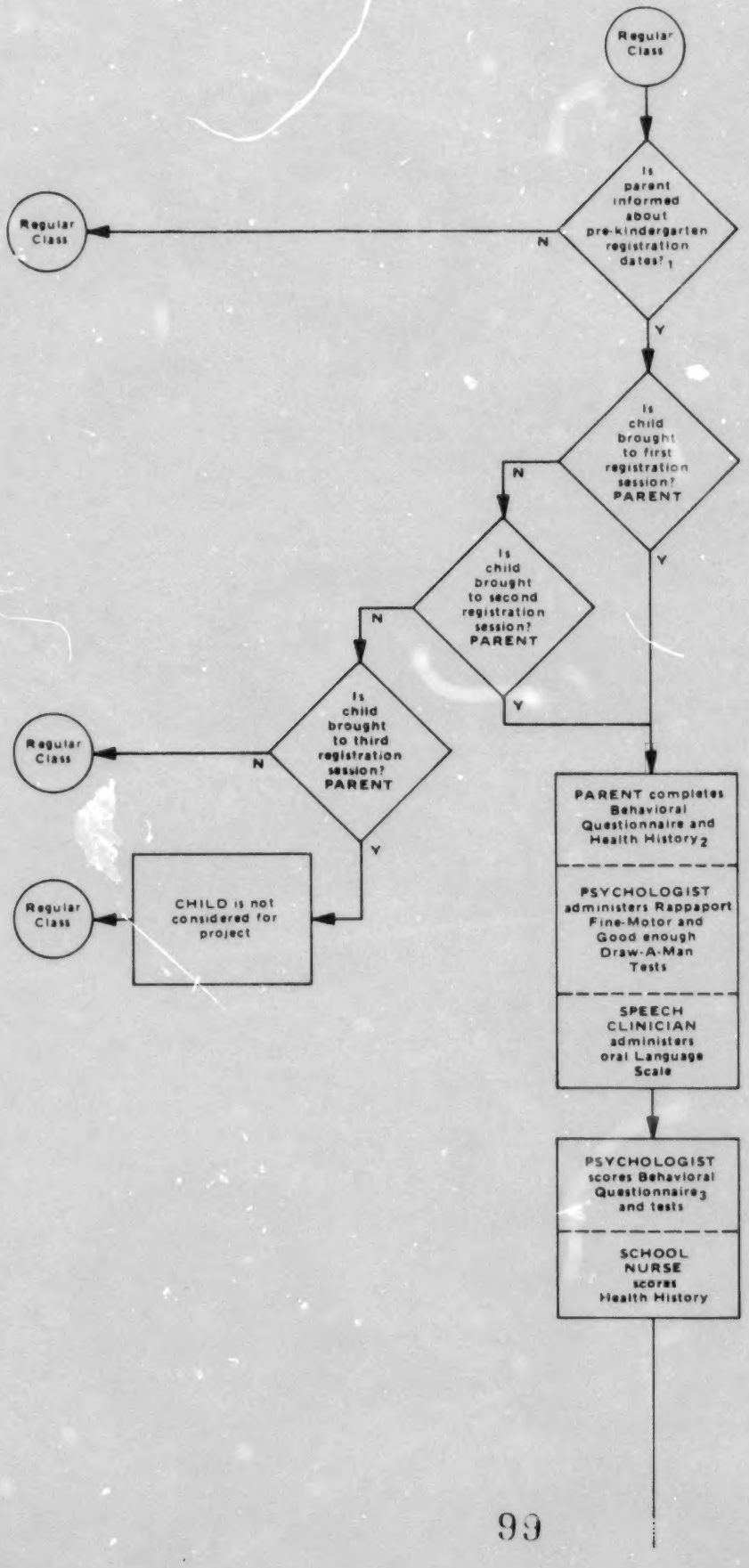
5. Although the LD Diagnostician essentially makes this decision, based on results from the test battery, the Evaluator and other LD staff submit input.

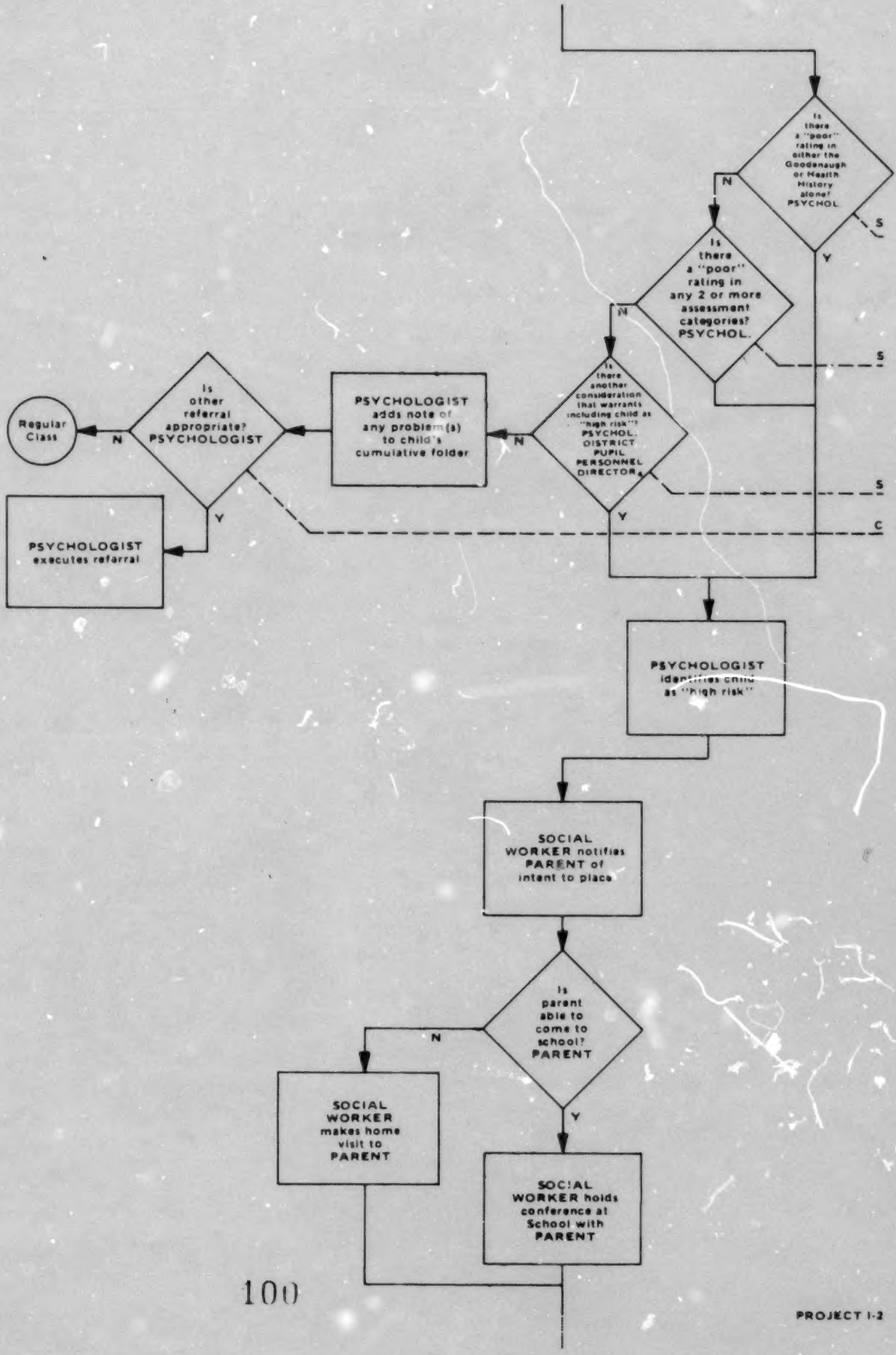
6. Permission slip is sent home with child.

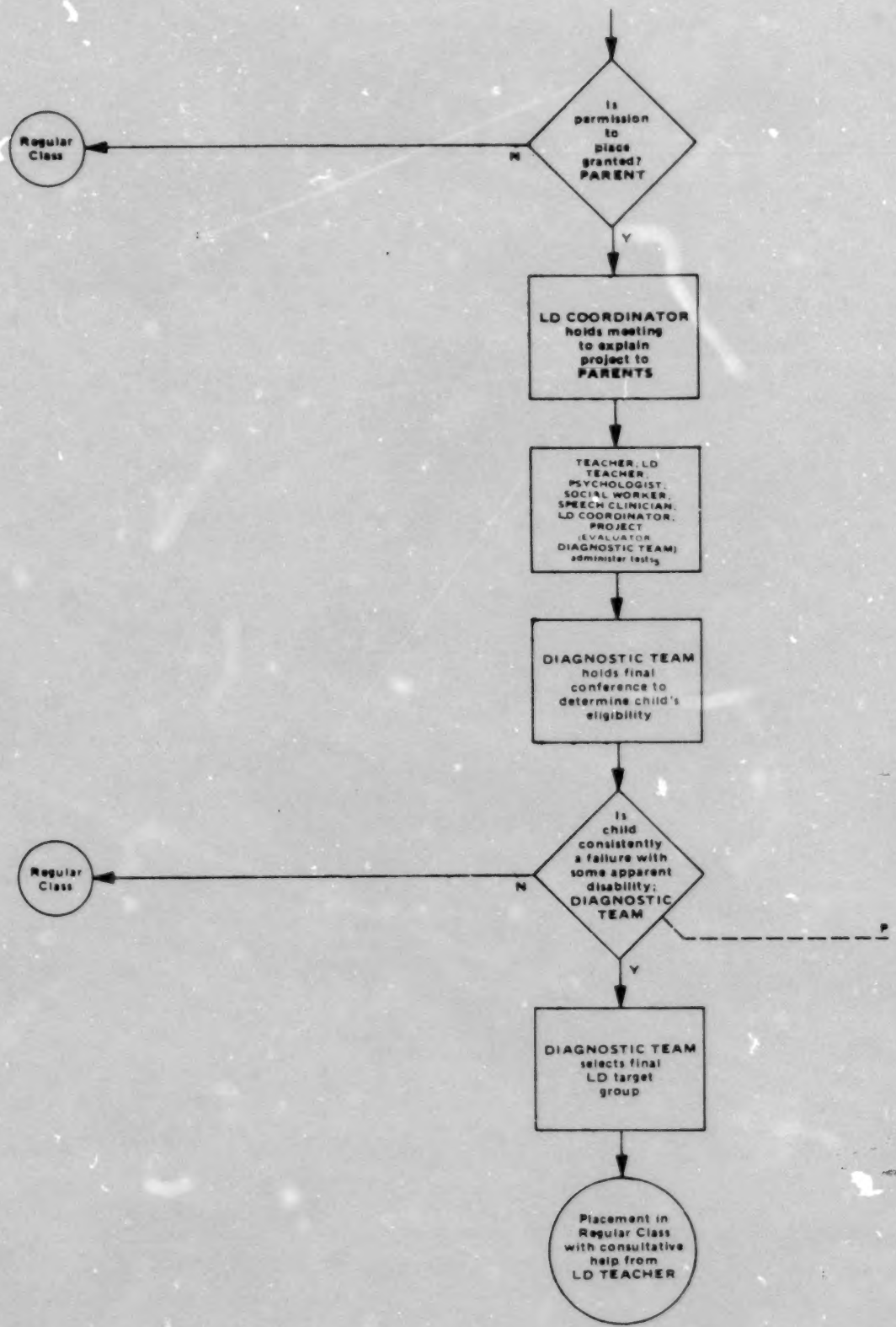
7. Psychologist gives WISC; Draw-A-Person.

8. LD Diagnostician gives Detroit, CAT, ITPA, "Lindennode" Auditory Conceptualization test, PSLT.

9. Nurse's home visit is to gather family information.


Regular Class
Is parent informed about pre-kindergarten registration dates? 1
N
Regular Class
Y
Is child brought to first registration session? PARENT
N
Y
Is child brought to second registration session? PARENT
N
Y
Is child brought to third registration session? PARENT
N
Regular Class
Y
Regular Class
CHILD is not considered for project
PARENT completes Behavioral Questionnaire and Health History 2
PSYCHOLOGIST administers Rappaport Fine-Motor and Good enough Draw-A-Man Tests
SPEECH CLINICIAN administers oral Language Scale
PSYCHOLOGIST scores Behavioral Questionnaire 3 and tests
SCHOOL NURSE scores Health History


Is there a "poor" rating in either the Goodenough or Health History alone? PSYCHOL
N
S
Y
Is there a "poor" rating in any 2 or more assessment categories? PSYCHOL.
N
S
Is there another consideration that warrants including child as "high risk"? PSYCHOL. DISTRICT PUPIL PERSONNEL DIRECTOR
N
S
Y
C
PSYCHOLOGIST adds note of any problem(s) to child's cumulative folder
Is other referral appropriate? PSYCHOLOGIST
N
Regular Class
Y
PSYCHOLOGIST executes refarral
PSYCHOLOGIST identifies child as "high risk"
SOCIAL WORKER notifies PARENT of intent to place
Is parent able to come to school? PARENT
N
Y
SOCIAL WORKER makes home visit to PARENT
SOCIAL WORKER holds conference at School with PARENT


Is permission to place granted? PARENT
N
Regular Class
Y
LD COORDINATOR holds meeting to explain project to PARENTS
TEACHER, LD TEACHER, PSYCHOLOGIST, SOCIAL WORKER, SPEECH CLINICIAN, LD COORDINATOR, PROJECT EVALUATOR DIAGNOSTIC TEAM) administer tests
DIAGNOSTIC TEAM holds final conference to determine child's eligibility
Is child consistently a failure with some apparent disability; DIAGNOSTIC TEAM
N
Regular Class
P
Y
DIAGNOSTIC TEAM selects final LD target group
Placement in Regular Class with consultative help from LD TEACHER

I. GENERAL INFORMATION

1. Project Code Letter: I

2. Delivery System for Intervention: LD Consultative (Kindergarten)

3. Initial Entry: Mass Screening (Goodenough-Harris Draw-A-Man Test; Rappaport Fine Motor Test; Oral Language Scale; Health History; Behavioral Questionnaire)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Psychologist
      District Pupil Personnel Director

   b) Constraining decisions: Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on Flow-Chart)

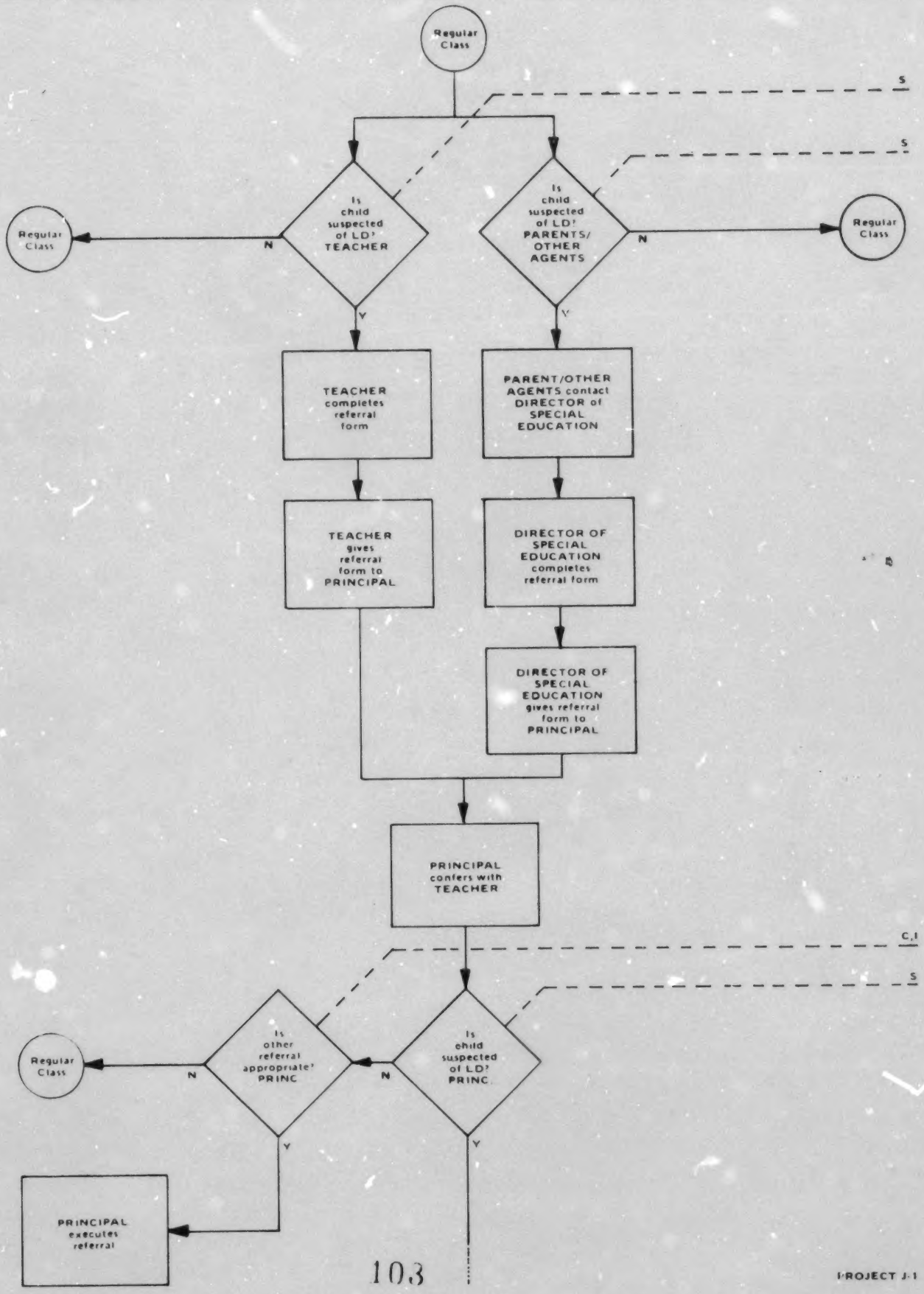
1. Parents were notified by newspaper articles and letters from the PTA; 1st registration is April; 2nd registration is June; 3rd registration is August.

2. Student nurses from a local nursing school help parent complete Behavioral Questionnaire; Health History form is completed with the School Nurse.

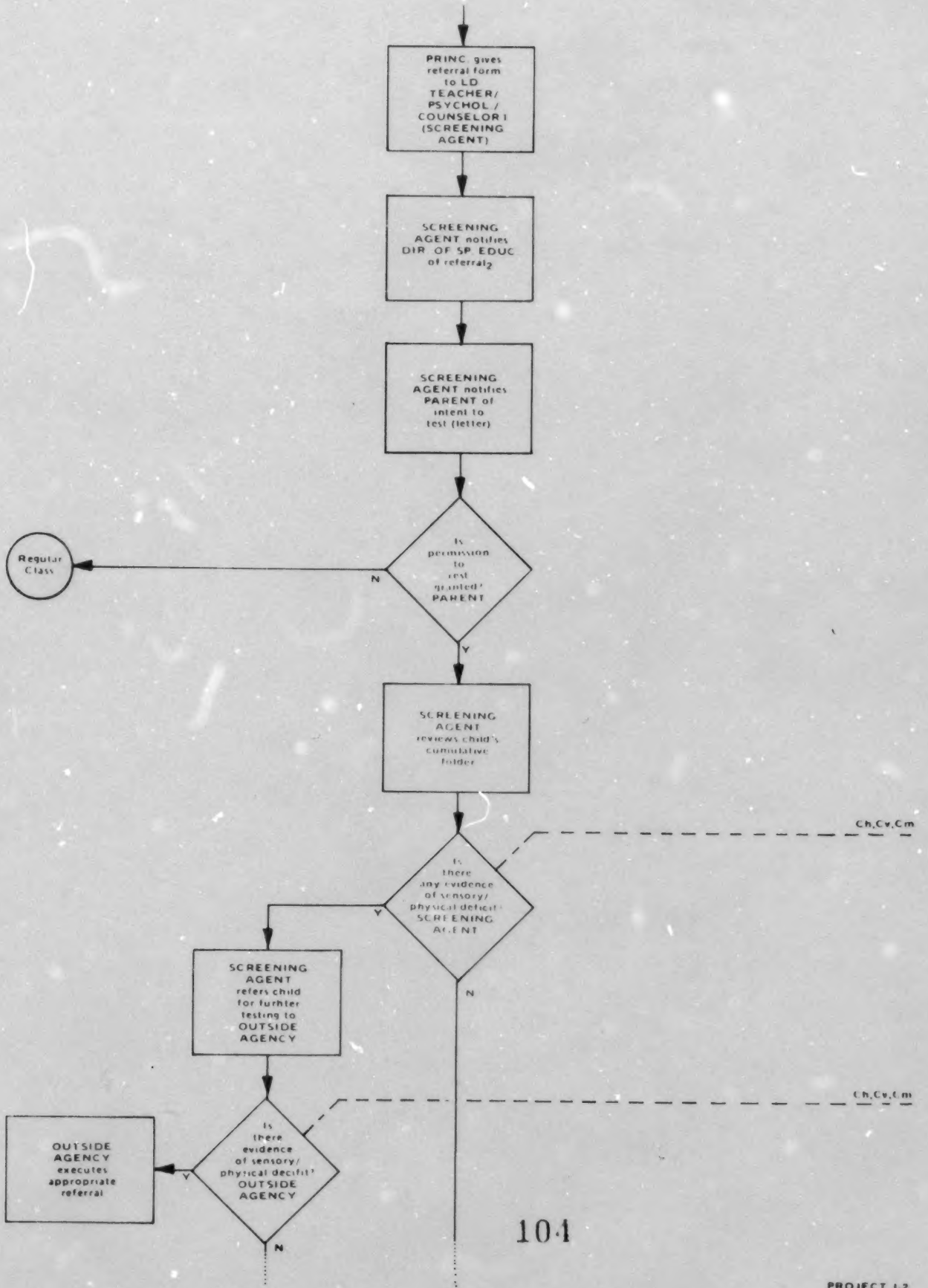
3. Prior to scoring of instruments, the Director of Special Education and District Pupil Personnel Director weighed all items on Behavioral Questionnaire.

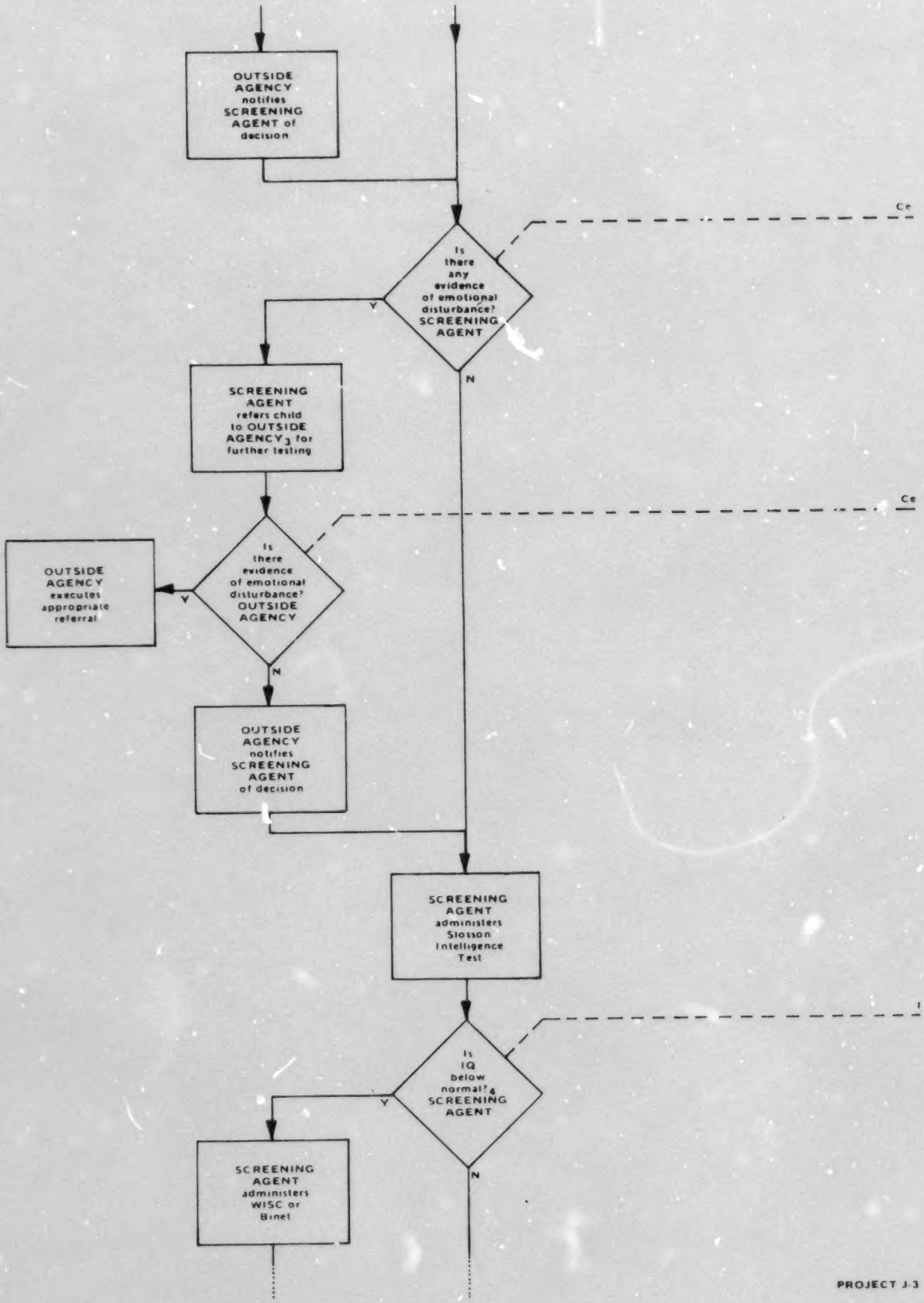
4. Only in cases where there is a question, does Psychologist consult the District Pupil Personnel Director.

5. This takes place in a 4 week summer diagnostic session, with children randomly divided into a task analysis group (teachers; LD teacher; psychologist; social worker; speech clinician; Project evaluator; LD Coordinator.) In the task analysis group, data for evaluation (diagnosis) was gathered by using diagnostic tasks with the children. In the multi-disciplinary group, the team members administered various tests for evaluation (diagnostic) purposes. Tests covered psychological, educational, sensory, and medical (if needed) appraisal.

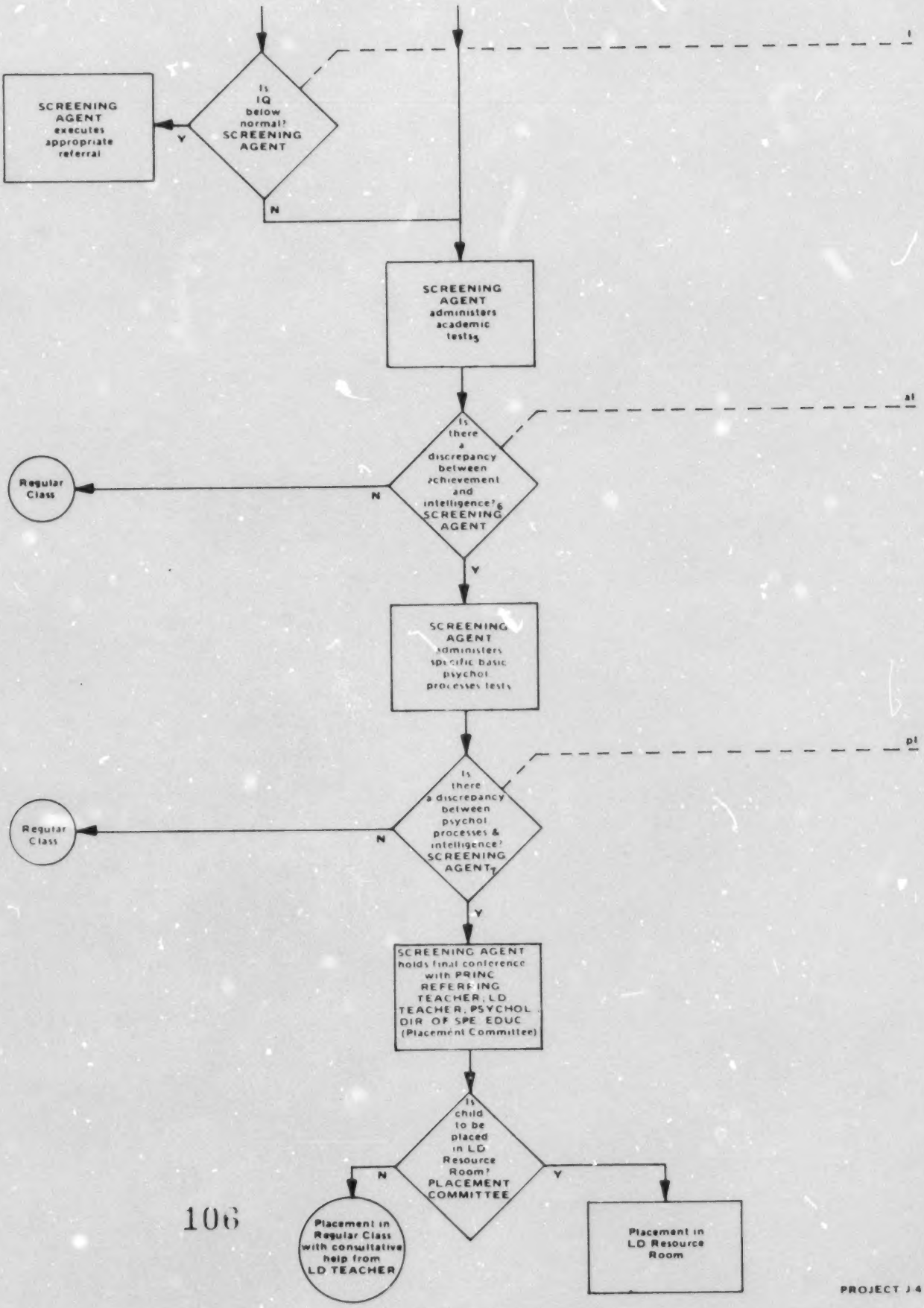

Regular Class
S
S
Is child suspected of LD? TEACHER
Is child suspected of LD? PARENTS/ OTHER AGENTS
Regular Class
N
N
Regular Class
Y
Y
TEACHER completes referral form
PARENT/OTHER AGENTS contact DIRECTOR of SPECIAL EDUCATION
TEACHER gives referral form to PRINCIPAL
DIRECTOR OF SPECIAL EDUCATION completes referral form
DIRECTOR OF SPECIAL EDUCATION gives referral form to PRINCIPAL
PRINCIPAL confers with TEACHER
C,I
S
Regular Class
Is other referral appropriate? PRINC
Is child suspected of LD? PRINC.
N
N
Y
Y
PRINCIPAL executes referral

PROJECT J-1


PRINC. gives referral form to LD TEACHER/ PSYCHOL / COUNSELOR ! (SCREENING AGENT)
SCREENING AGENT notifies DIR OF SP. EDUC of referral2
SCREENING AGENT notifies PARENT of intent to test (letter)
Is permission to test granted? PARENT
N
Regular Class
Y
SCREENING AGENT reviews child's cumulative folder
Ch,Cv,Cm
Is there any evidence of sensory/ physical deficit? SCREENING AGENT
Y
N
SCREENING AGENT refers child for further testing to OUTSIDE AGENCY
Ch,Cv,Cm
Is there evidence of sensory/ physical decifit? OUTSIDE AGENCY
Y
OUTSIDE AGENCY executes appropriate referral
N


OUTSIDE AGENCY notifies SCREENING AGENT of decision
Is there any evidence of emotional disturbance? SCREENING AGENT
Y
N
SCREENING AGENT refers child to OUTSIDE AGENCY 3 for further testing
Is there evidence of emotional disturbance? OUTSIDE AGENCY
Y
OUTSIDE AGENCY executes appropriate referral
N
OUTSIDE AGENCY notifies SCREENING AGENT of decision
SCREENING AGENT administers Slosson Intelligence Test
Is IQ below normal? 4 SCREENING AGENT
Y
N
SCREENING AGENT administers WISC or Binet

PROJECT J-3


SCREENING AGENT executes appropriate referral
Is IQ below normal? SCREENING AGENT
Y
N
SCREENING AGENT administers academic tests
Is there a discrepancy between achievement and intelligence? SCREENING AGENT
Regular Class
N
Y
SCREENING AGENT administers specific basic psychol processes tests
Is there a discrepancy between psychol processes & intelligence? SCREENING AGENT
Regular Class
N
Y
SCREENING AGENT holds final conference with PRINC REFERRING TEACHER, LD TEACHER, PSYCHOL DIR OF SPE EDUC (Placement Committee)
Is child to be placed in LD Resource Room? PLACEMENT COMMITTEE
N
Y
Placement in Regular Class with consultative help from LD TEACHER
Placement in LD Resource Room

PROJECT J 4

I. GENERAL INFORMATION

1. Project Code Letter: J

2. Delivery System for Intervention: LD Resource Room; Consultative (Grades K-8)

3. Initial Entry: Referral (Teacher/Parent/Other Agents)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Parents, Other Agents, Teacher, Principal, Screening Agent (LD teacher/Psychologist/Counselor), Outside Agency, Placement Committee (Principal; referring teacher; LD Teacher; Director of Special Education)

   b) Constraining decisions: Parent, Placement Committee

II. SPECIAL NOTATIONS

(footnotes apply to notations on Flow-Chart)

1. The person responsible for the referral from this point on ("Screening Agent") varies among school districts and sometimes among schools within a district. It is also possible that the person designated as responsible may request that some step be completed by someone else. Precise information regarding these variations is not available, except where noted.

2. This is strictly an administrative procedure, so that the District Special Education Office is kept informed of referral patterns.

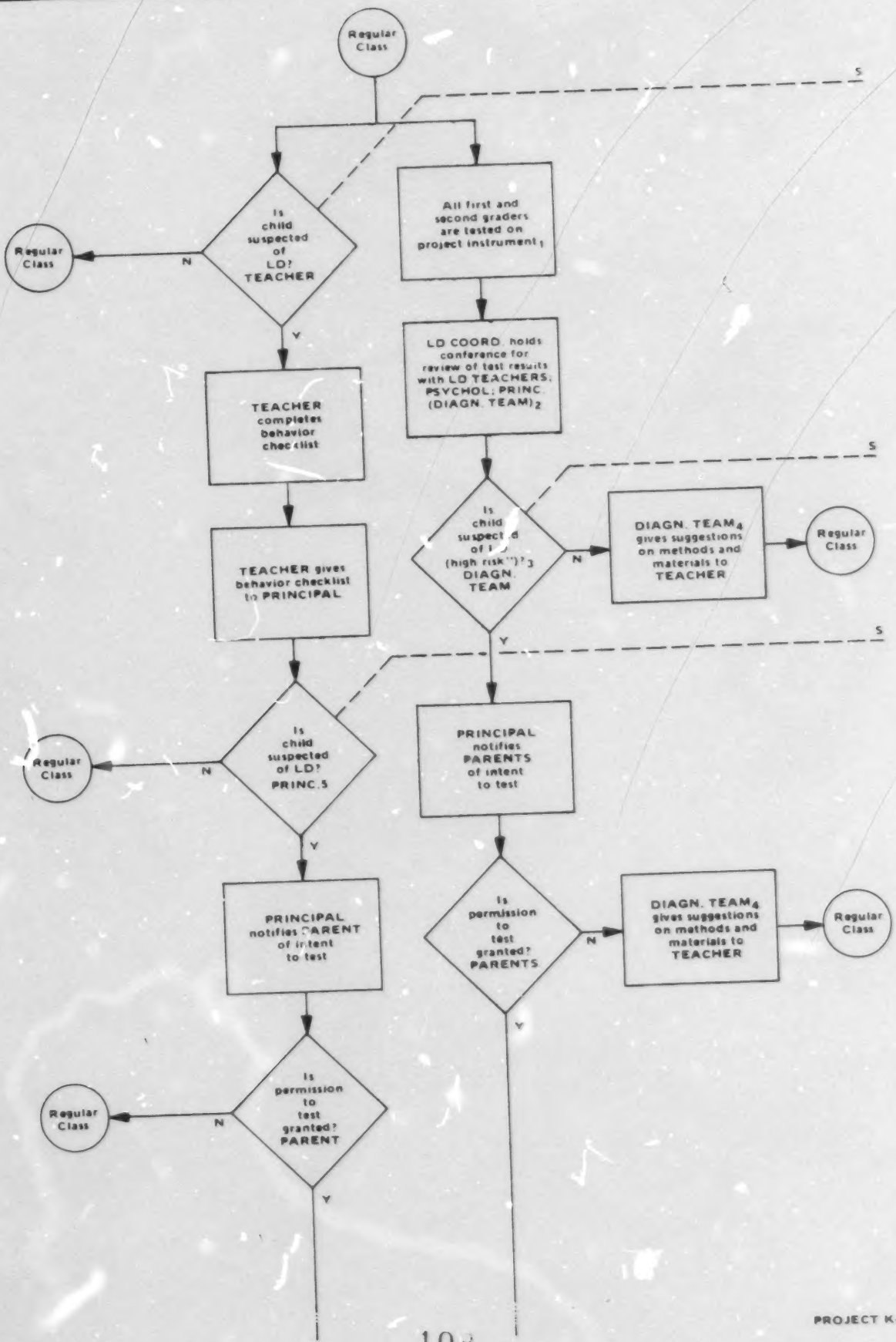
3. This may simply be a referral with the school building; it is "outside" in the sense that it is not done by the Screening Agent.

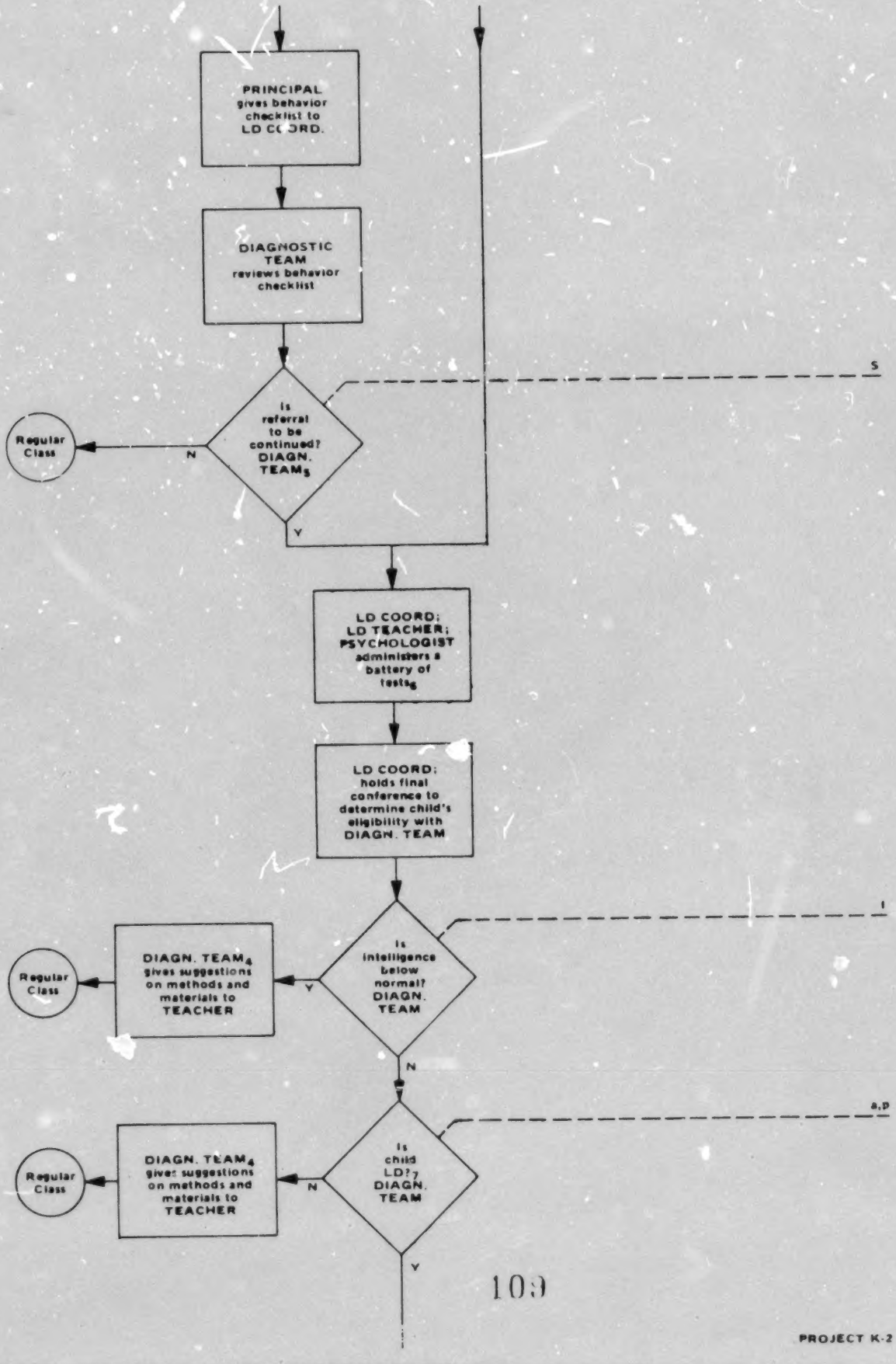
4. "Below normal" is defined as 70 or below.

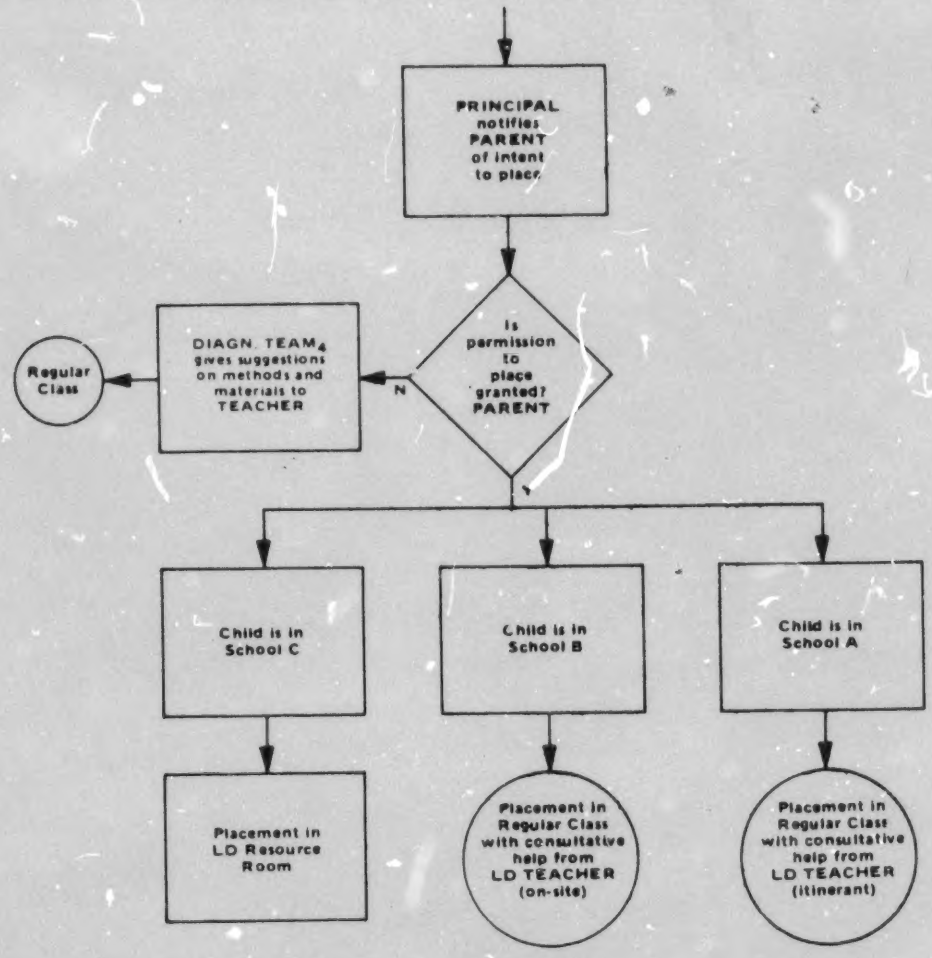
5. Includes PIAT: WRAT. Covers areas of reading; writing; arithmetic; spelling; pre-academic skills.

6. The child must be in lowest 10th percentile in at least one area, as based on his Expectancy Age (i.e., formula developed by Harris (1971): $\frac{2MA + CA}{3}$).

7. The child must demonstrate a discrepancy of -2 standard deviations in at least one area as based on his Expectancy Age.


Regular Class
S
Is child suspected of LD? TEACHER
N
Regular Class
Y
All first and second graders are tested on project instrument1
TEACHER completes behavior checklist
LD COORD. holds conference for review of test results with LD TEACHERS; PSYCHOL; PRINC. (DIAGN. TEAM)2
S
Is child suspected of LD (high risk")?3 DIAGN. TEAM
N
DIAGN. TEAM4 gives suggestions on methods and materials to TEACHER
Regular Class
TEACHER gives behavior checklist to PRINCIPAL
Y
S
Is child suspected of LD? PRINC.5
N
Regular Class
Y
PRINCIPAL notifies PARENTS of intent to test
PRINCIPAL notifies PARENT of intent to test
Is permission to test granted? PARENTS
N
DIAGN. TEAM4 gives suggestions on methods and materials to TEACHER
Regular Class
Y
Is permission to test granted? PARENT
N
Regular Class
Y
PROJECT K-1


PRINCIPAL gives behavior checklist to LD COORD.
DIAGNOSTIC TEAM reviews behavior checklist
S
is referral to be continued? DIAGN. TEAM5
N
Regular Class
Y
LD COORD; LD TEACHER; PSYCHOLOGIST administers a battery of tests6
LD COORD; holds final conference to determine child's eligibility with DIAGN. TEAM
I
Is intelligence below normal? DIAGN. TEAM
Y
DIAGN. TEAM4 gives suggestions on methods and materials to TEACHER
Regular Class
N
a,p
Is child LD?7 DIAGN. TEAM
N
DIAGN. TEAM4 gives suggestions on methods and materials to TEACHER
Regular Class
Y


PRINCIPAL notifies PARENT of intent to place
Is permission to place granted? PARENT
N
DIAGN. TEAM4 gives suggestions on methods and materials to TEACHER
Regular Class
Child is in School C
Child is in School B
Child is in School A
Placement in LD Resource Room
Placement in Regular Class with consultative help from LD TEACHER (on-site)
Placement in Regular Class with consultative help from LD TEACHER (itinerant)

I. GENERAL INFORMATION

1. Project Code Letter: K

2. Delivery System for Intervention: LD Consultative (on site & itinerant)
   LD Resource Room (Grades 1-6)

3. Initial Entry: Referral (Teacher)
   Mass Screening (locally developed test)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Diagnostic Team (LD Coordinator, LD Teachers, Psychologist, Principal)
   Principal

   b) Constraining decisions: Parents

II. SPECIAL NOTATIONS

(footnotes apply on notations on flow-chart)

1. No information is available as to who administers this instrument, which was developed by the Title VI-G staff. Apparently its content is borrowed from other instruments, some of them standardized. No copy is currently available for our study.

2. The Title VI-G staff consists of an LD Coordinator, a Psychologist, and a LD teacher. When this staff meets with the Principal and LD teacher from the child's building, the total group is designated in the charts as the Diagnostic Team.

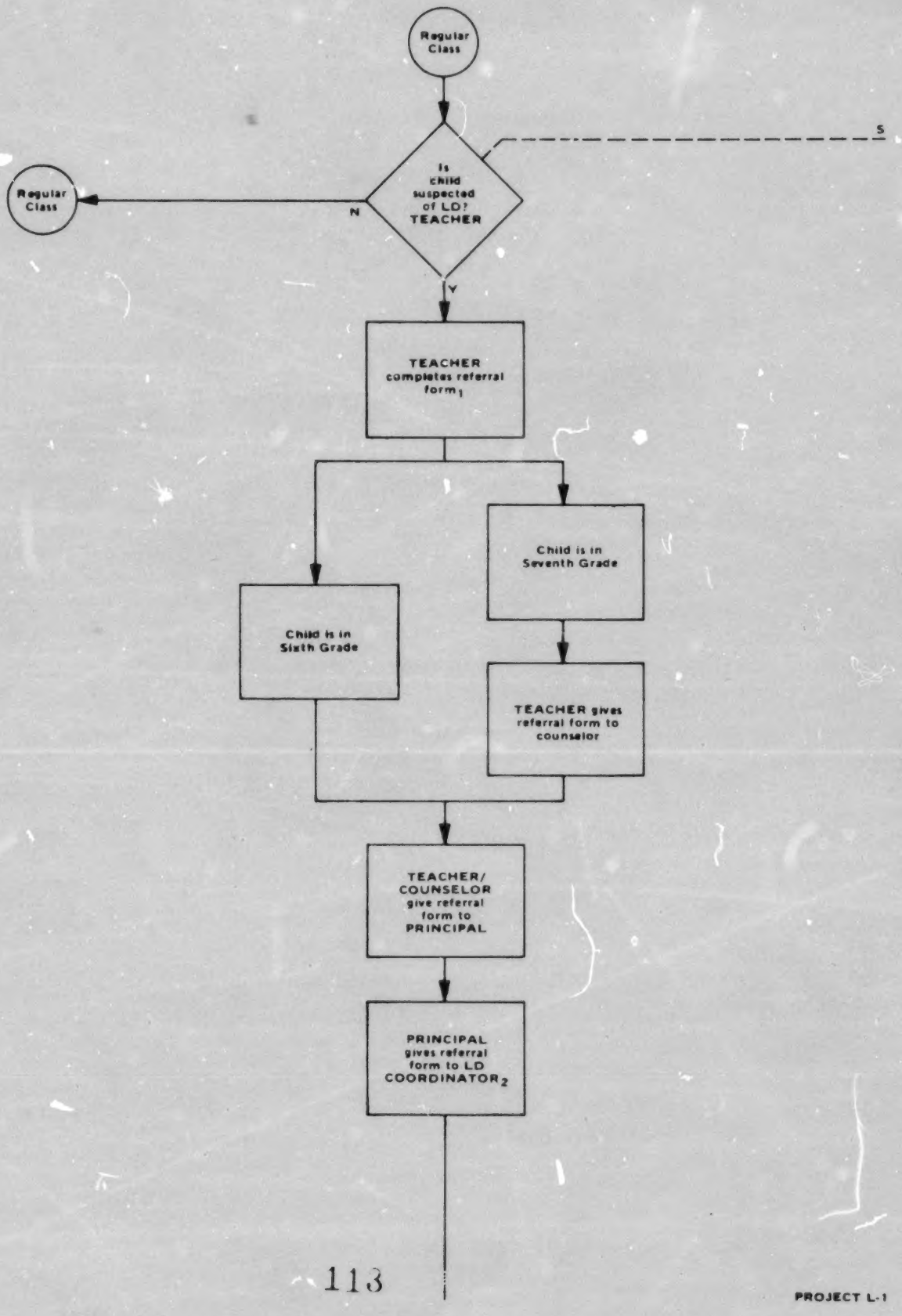
3. The criteria used are apparently quite flexible.

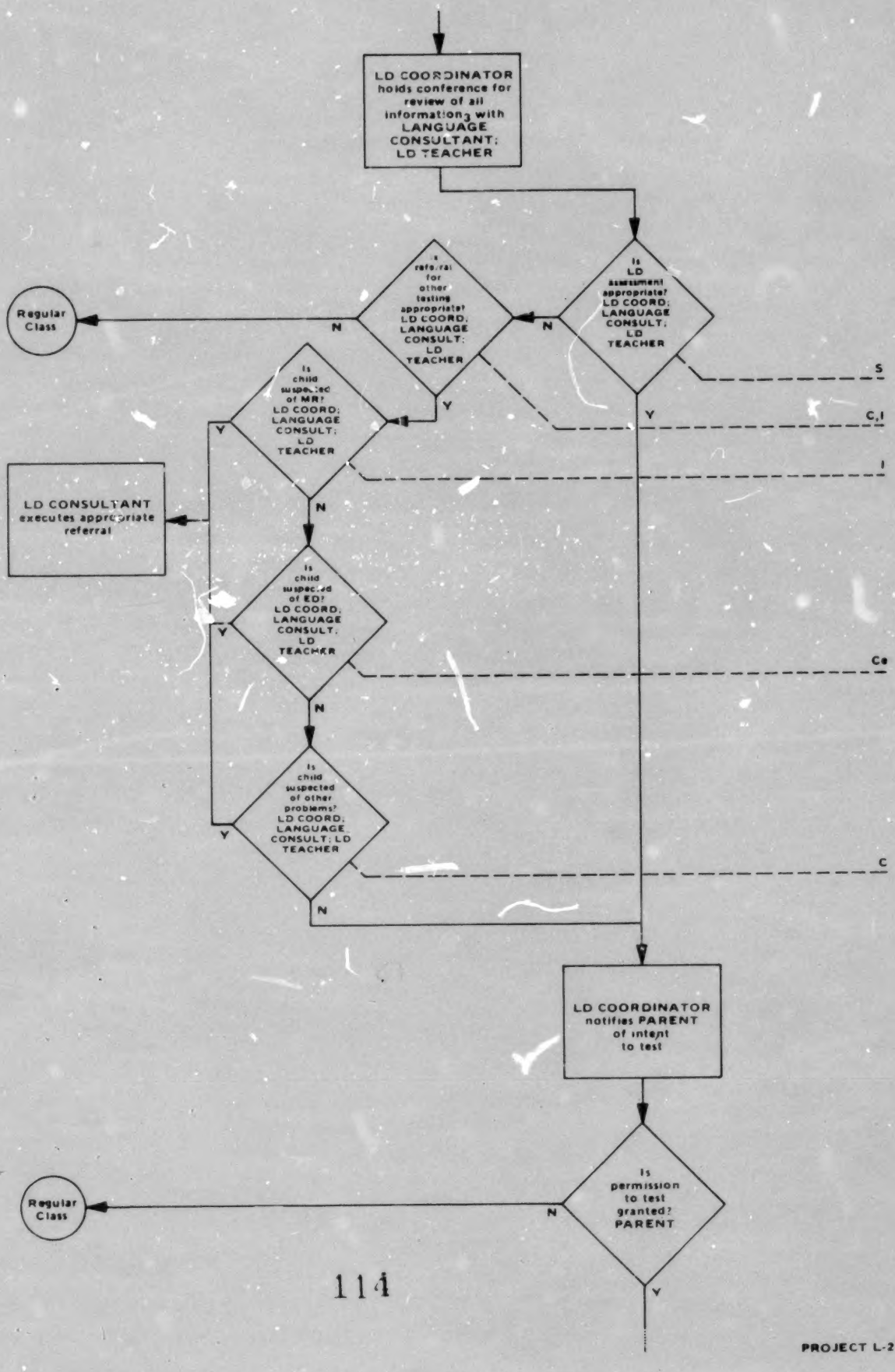
4. There is inadequate information to ascertain whether the entire team or selected individuals from the team provide this. Most probably, this is the responsibility of the LD teacher.

5. It is very unusual for a child to be eliminated at this point, but it can happen.

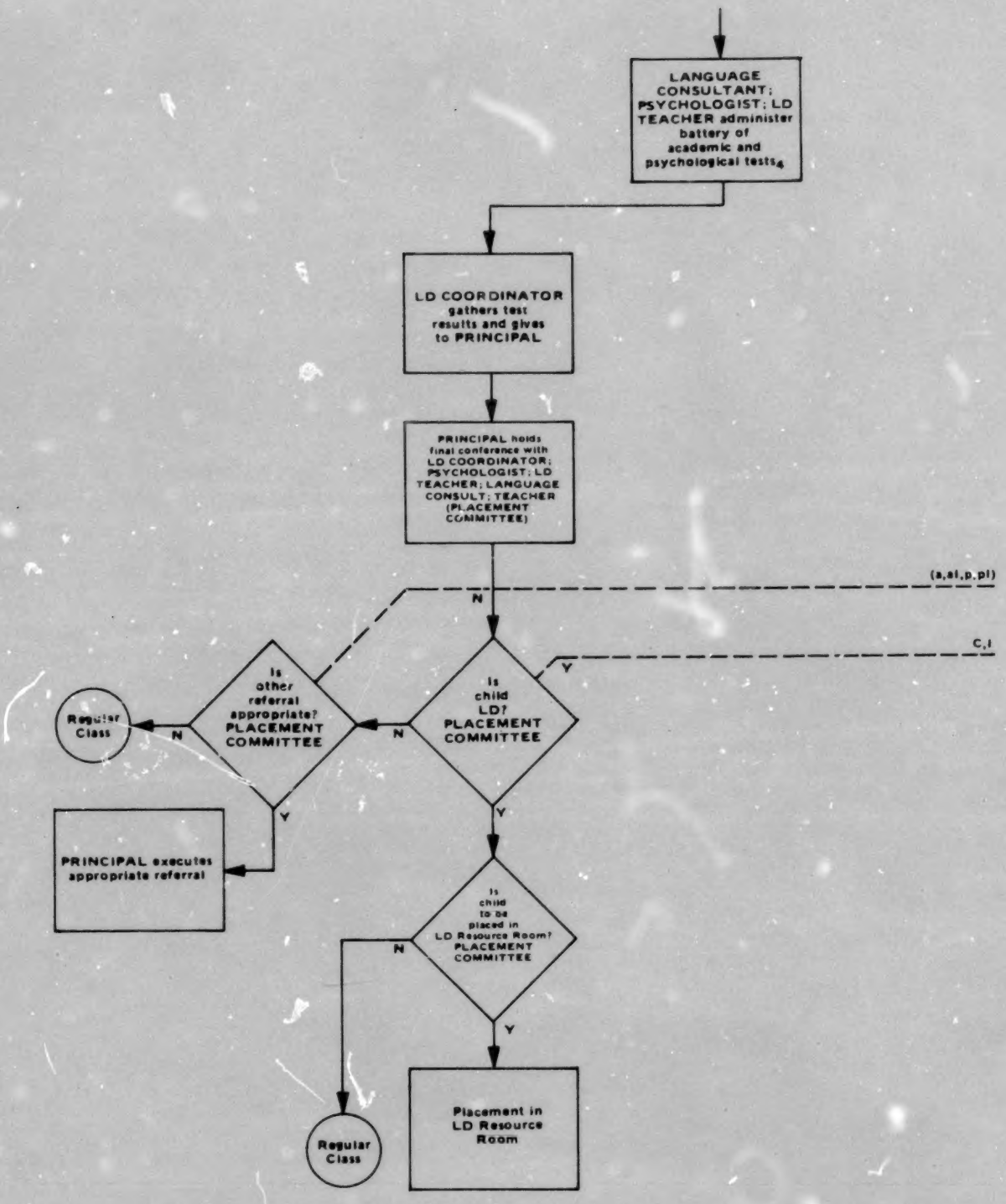
6. Psychological tests include WISC, Bender, Draw-A-Man, with additional perceptual motor tests for younger children.
   Auditory tests include Audiometer, subtest of ITPA, and Wepman.
   Visual tests include Snellen, Telebinocular.
   Educational tests include WRAT, BESSE, IRI, and specific criterion-reference tests.
   Language tests include the Utah Language Development Scale.
   In addition, measures of health and social behaviors are made, although specific instruments are not designated.

7. The criteria at this point include a deficit in some basic psychological process, and an academic deficit of 2 years. It is unclear whether the child must meet both criteria, although it appears likely that the Team is flexible on this.


Regular Class
Is child suspected of LD? TEACHER
S
N
Regular Class
Y
TEACHER completes referral form 1
Child is in Sixth Grade
Child is in Seventh Grade
TEACHER gives referral form to counselor
TEACHER/ COUNSELOR give referral form to PRINCIPAL
PRINCIPAL gives referral form to LD COORDINATOR 2


LD COORDINATOR holds conference for review of all information with LANGUAGE CONSULTANT; LD TEACHER
Is LD assessment appropriate? LD COORD; LANGUAGE CONSULT; LD TEACHER
Is referral for other testing appropriate? LD COORD; LANGUAGE CONSULT; LD TEACHER
Regular Class
N
N
Y
S
Y
C,I
Is child suspected of MR? LD COORD; LANGUAGE CONSULT; LD TEACHER
Y
I
LD CONSULTANT executes appropriate referral
N
Is child suspected of ED? LD COORD; LANGUAGE CONSULT; LD TEACHER
Y
Ce
N
Is child suspected of other problems? LD COORD; LANGUAGE CONSULT; LD TEACHER
Y
C
N
LD COORDINATOR notifies PARENT of intent to test
Is permission to test granted? PARENT
Regular Class
N
Y

PROJECT L-2


LANGUAGE CONSULTANT; PSYCHOLOGIST; LD TEACHER administer battery of academic and psychological tests4
LD COORDINATOR gathers test results and gives to PRINCIPAL
PRINCIPAL holds final conference with LD COORDINATOR; PSYCHOLOGIST; LD TEACHER; LANGUAGE CONSULT; TEACHER (PLACEMENT COMMITTEE)
(a,ai,p,pi)
N
C,I
Y
Is child LD? PLACEMENT COMMITTEE
N
Is other referral appropriate? PLACEMENT COMMITTEE
N
Regular Class
Y
PRINCIPAL executes appropriate referral
Y
Is child to be placed in LD Resource Room? PLACEMENT COMMITTEE
N
Regular Class
Y
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: L

2. Delivery System for Intervention: LD Resource Room; (Grades 6-7)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher, LD Coordinator, Language Consultant, LD Teacher, Psychologist, Principal

   b/) Constraining decisions: Parent, LD Coordinator, Teacher, Principal, Language Consultant, LD Teacher, Psychologist

II. SPECIAL NOTATIONS

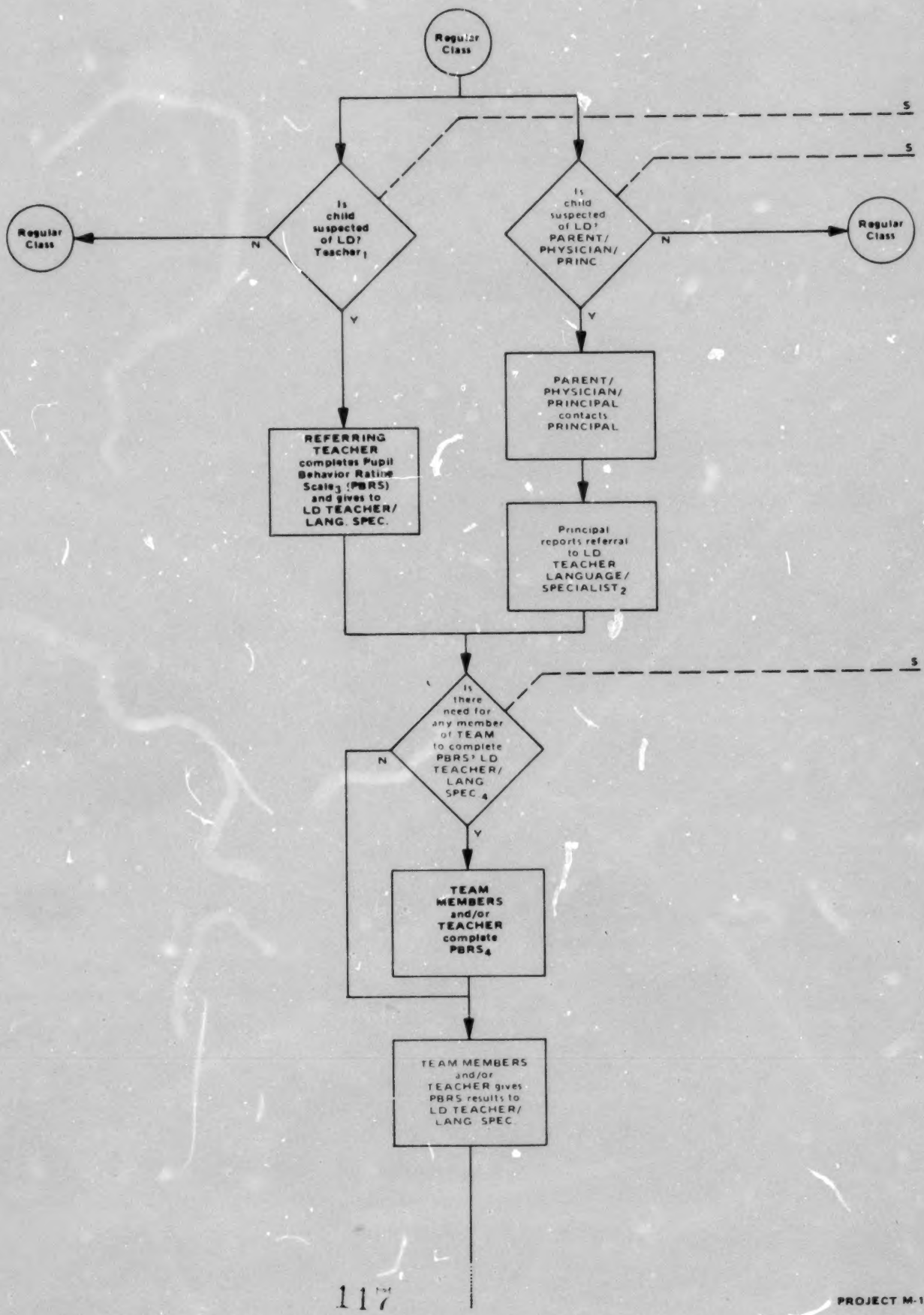
(footnotes apply to notations on flow-chart)

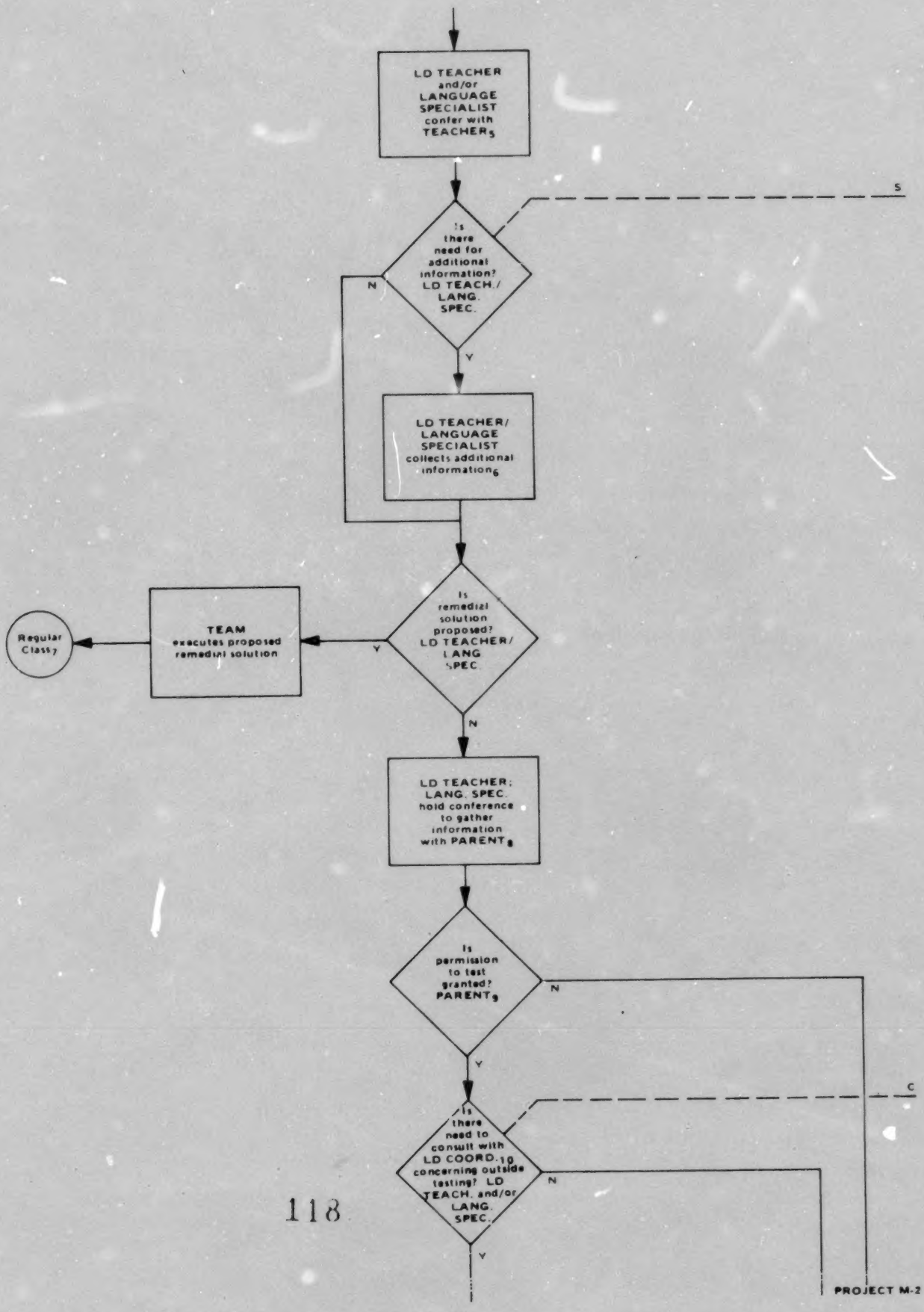
1. Referral form essentially asks the teacher an open-ended question about what is the problem with the child.

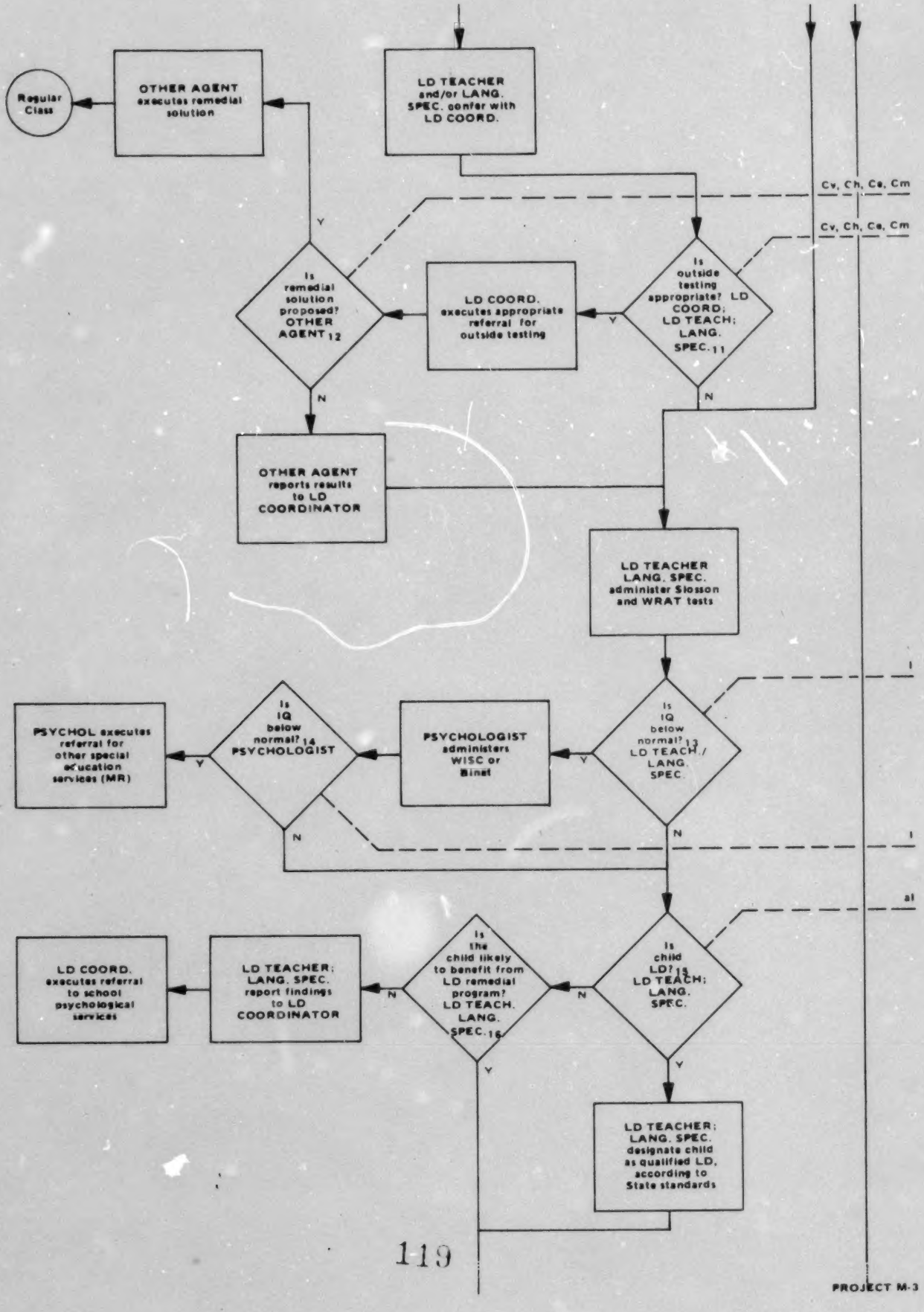
2. LD Coordinator is Title VI-G Project Director.

3. Information consists of Teacher Referral, cumulative records.

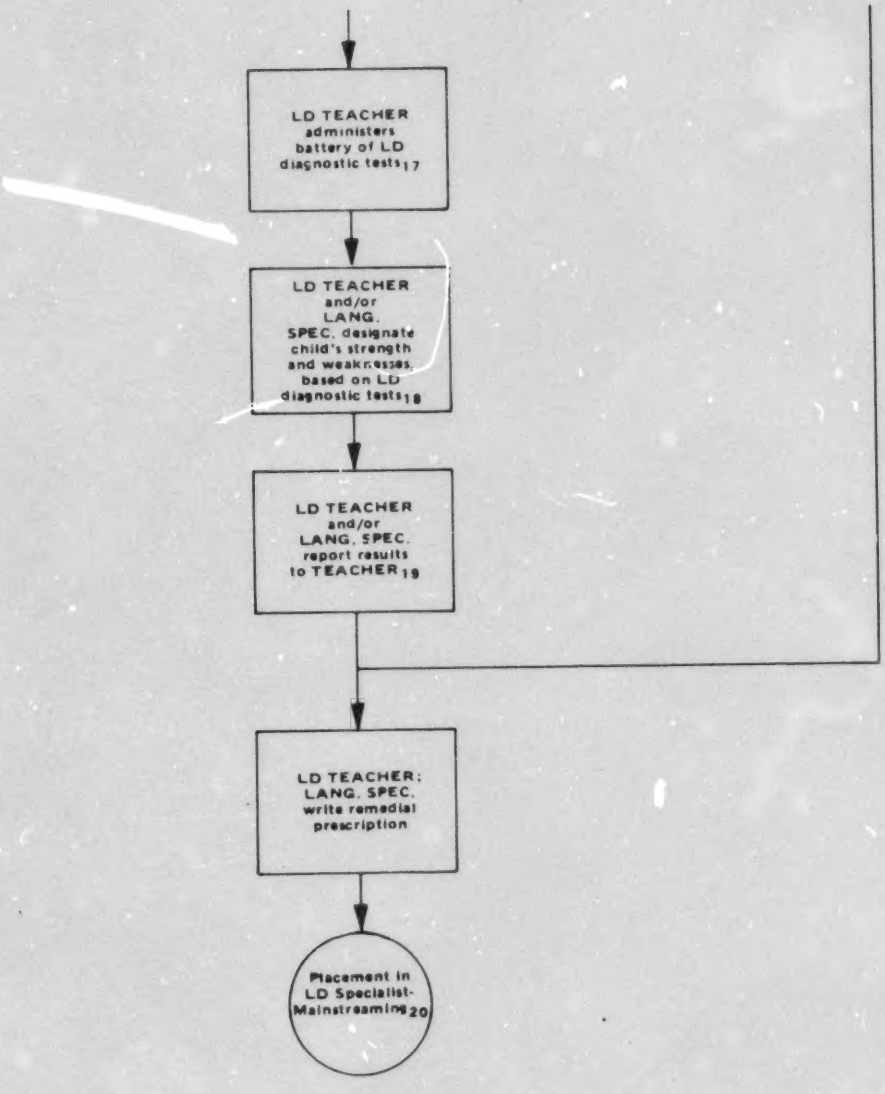
4. Battery of tests includes achievement tests: (Key-Math; WRAT; Gates McKillop); Locally developed language test; WISC; Bender; Benton; Attitude Scales (e.g., Coopersmith's Self-Esteem Inventory, and others).


Regular Class
S
S
Is child suspected of LD? Teacher1
N
Regular Class
Is child suspected of LD? PARENT/ PHYSICIAN/ PRINC
N
Regular Class
Y
Y
REFERRING TEACHER completes Pupil Behavior Rating Scale3 (PBRS) and gives to LD TEACHER/ LANG. SPEC.
PARENT/ PHYSICIAN/ PRINCIPAL contacts PRINCIPAL
Principal reports referral to LD TEACHER LANGUAGE/ SPECIALIST2
S
Is there need for any member of TEAM to complete PBRS? LD TEACHER/ LANG SPEC 4
N
Y
TEAM MEMBERS and/or TEACHER complete PBRS4
TEAM MEMBERS and/or TEACHER gives PBRS results to LD TEACHER/ LANG. SPEC.


LD TEACHER and/or LANGUAGE SPECIALIST confer with TEACHER5
S
Is there need for additional information? LD TEACH./ LANG. SPEC.
N
Y
LD TEACHER/ LANGUAGE SPECIALIST collects additional information6
Is remedial solution proposed? LD TEACHER/ LANG SPEC.
Y
TEAM executes proposed remedial solution
Regular Class7
N
LD TEACHER; LANG. SPEC. hold conference to gather information with PARENT8
Is permission to test granted? PARENT9
N
Y
C
Is there need to consult with LD COORD.10 concerning outside testing? LD TEACH. and/or LANG. SPEC.
N
Y
PROJECT M-2


Regular Class
OTHER AGENT executes remedial solution
LD TEACHER and/or LANG. SPEC. confer with LD COORD.
Cv, Ch, Ce, Cm
Cv, Ch, Ce, Cm
Is remedial solution proposed? OTHER AGENT 12
LD COORD. executes appropriate referral for outside testing
Is outside testing appropriate? LD COORD; LD TEACH; LANG. SPEC. 11
Y
N
OTHER AGENT reports results to LD COORDINATOR
LD TEACHER LANG. SPEC. administer Slosson and WRAT tests
I
PSYCHOL executes referral for other special education services (MR)
Is IQ below normal? PSYCHOLOGIST 14
PSYCHOLOGIST administers WISC or Binet
Is IQ below normal? 13 LD TEACH./ LANG. SPEC.
I
al
LD COORD. executes referral to school psychological services
LD TEACHER; LANG. SPEC. report findings to LD COORDINATOR
Is the child likely to benefit from LD remedial program? LD TEACH. LANG. SPEC. 16
Is child LD? 15 LD TEACH; LANG. SPEC.
LD TEACHER; LANG. SPEC. designate child as qualified LD, according to State standards

PROJECT M-3


LD TEACHER administers battery of LD diagnostic tests 17
LD TEACHER and/or LANG. SPEC. designate child's strength and weaknesses, based on LD diagnostic tests 18
LD TEACHER and/or LANG. SPEC. report results to TEACHER 19
LD TEACHER; LANG. SPEC. write remedial prescription
Placement in LD Specialist-Mainstreaming 20

I. GENERAL INFORMATION

1. Project Code Letter: M

2. Delivery System for Intervention: LD Specialist Mainstreaming (Grades 1-3)

3. Initial Entry: Referral (Teacher/Parent/Principal/Physician)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions:

Parent	LD Coordinator
Physician	Psychologist
Principal	Teacher
LD Teacher	Language Specialist
	Other Agents

   b) Constraining decisions:
   LD Teacher
   Language Specialist
   Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Teacher here refers to any member of the teaching team; the children are served in a team-teaching situation; the team consists of two or three regular teachers (Teacher), and Aide, an LD Teacher and a Language Specialist (½ time).
   As a group we will refer to them as the Team (the Team serves in Teaching, Screening and Diagnostic functions).

2. Many events from this point indicate LD Teacher or Language Specialist (LD Teacher/Languate Specialist). These two tend to operate in the same roles; which person does a particular thing will depend at a given moment on who is available; no attempt will be made throughout this flow-chart to indicate how a decision is made about which of these two persons performs a given activity or decision.

3. PBRS is the Myklebust scale.

4. In instances where the Teacher has acted as referral agent it may be decided that some other member(s) of the Team will, also, complete a PBRS and other Team member(s) may also be asked.

5. Whichever Team member received the referral from Teacher must attend this conference; purpose of conference is to: a) review the Teacher's PBRS ratings (partially to assist teachers in learning to observe children) and to discuss Teacher's general impressions and ability to cope with the problem now.

6. Additional information includes: a) classroom observation (noting behavior

and what might affect it and doing frequency counts; b) collecting samples of child's work; c) reviewing cumulative records. This is all referred to as baseline data.

7. The child can be brought back through the screening and identification system at any time simply by having one of the Team raise questions about the efficacy at the proposed remedial solution.

8. Purpose is to gather family and medical information.

9. Permission to test is indirect; the parents are informed that testing will be done; testing proceeds without formal permission (i.e., signatures) unless parents object.
If parents object to testing, the child completely by-passes the screening and identification system; the LD Teacher, Language Specialist will write a prescription based on information gathered to that point and begin intervention. This is made possible, of course, by that fact that the children remain in the regular class (team-teaching) to receive LD remediation.

10. LD Coordinator is Title VI-G local Project Director.

11. Outside testing is primarily to check for visual, hearing, motor, psychiatric problems that may be remediated outside of special education.

12. Remedial solutions depend on outside agent, e.g. get glasses, try medication, get hearing aid, etc.

13. Borderline IQ on SIT is considered 75-80.

14. Below normal IQ is less than 75.

15. Criterion is that there is a discrepancy between IQ and WRAT; there is no set formula for determing discrepancy; if no discrepancy child still receives services, based on his reasons for referral.

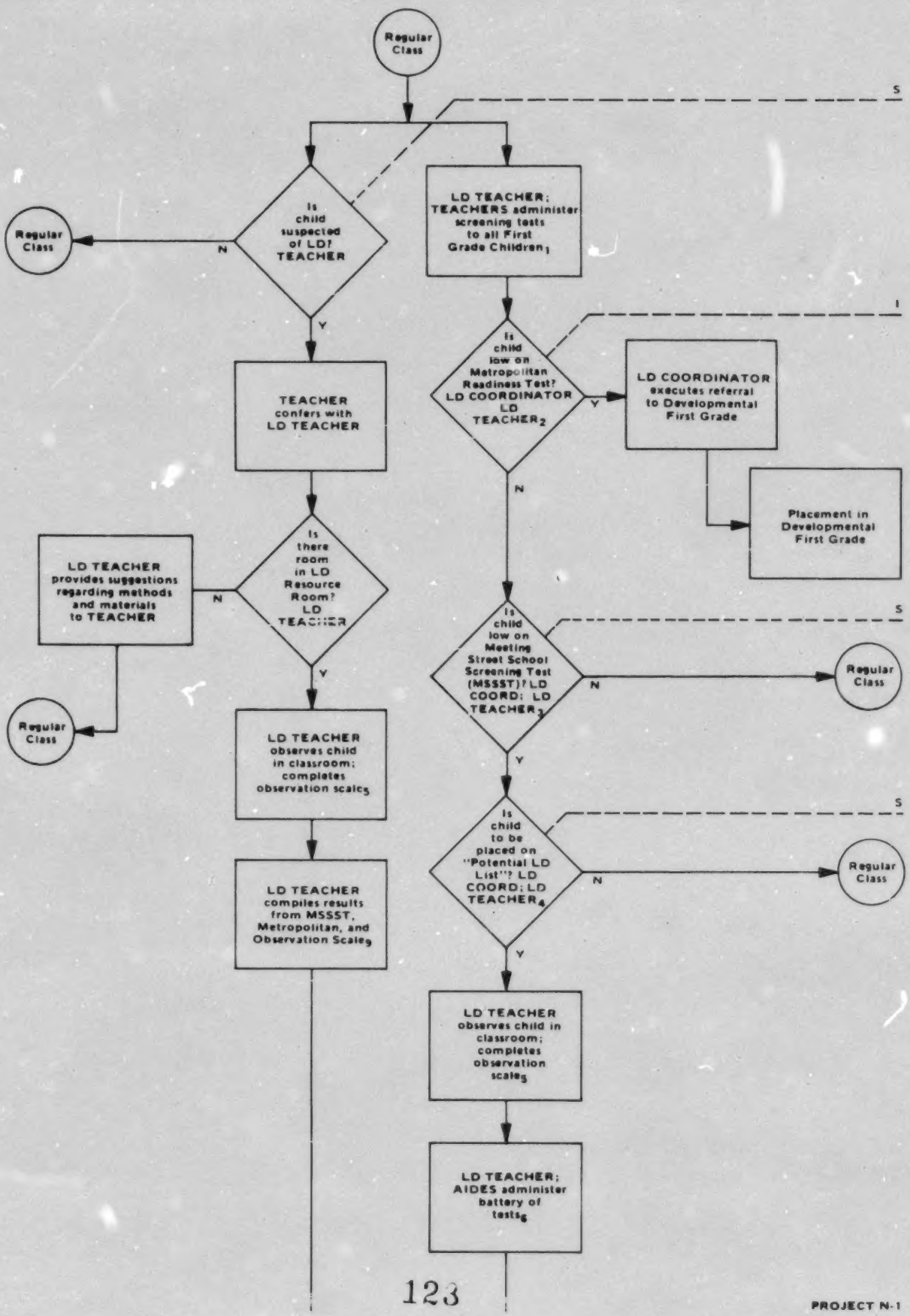
16. Thus, many children who are not classified as LD still continue in the system and receive LD diagnostic tests and LD intervention remedial services; approximately 4% of children in total enrollment classify as LD; another 6% receive service as "possible LD"; the philosophy of the program is to help children whenever possible.

17. LD Teacher chooses from among the following:
PIAT, Frostig, Berry, VMI, ITPA, Silvaroli, Durrell, Wepman, Boehm, BESI, and a selected "Standard Reading Test".

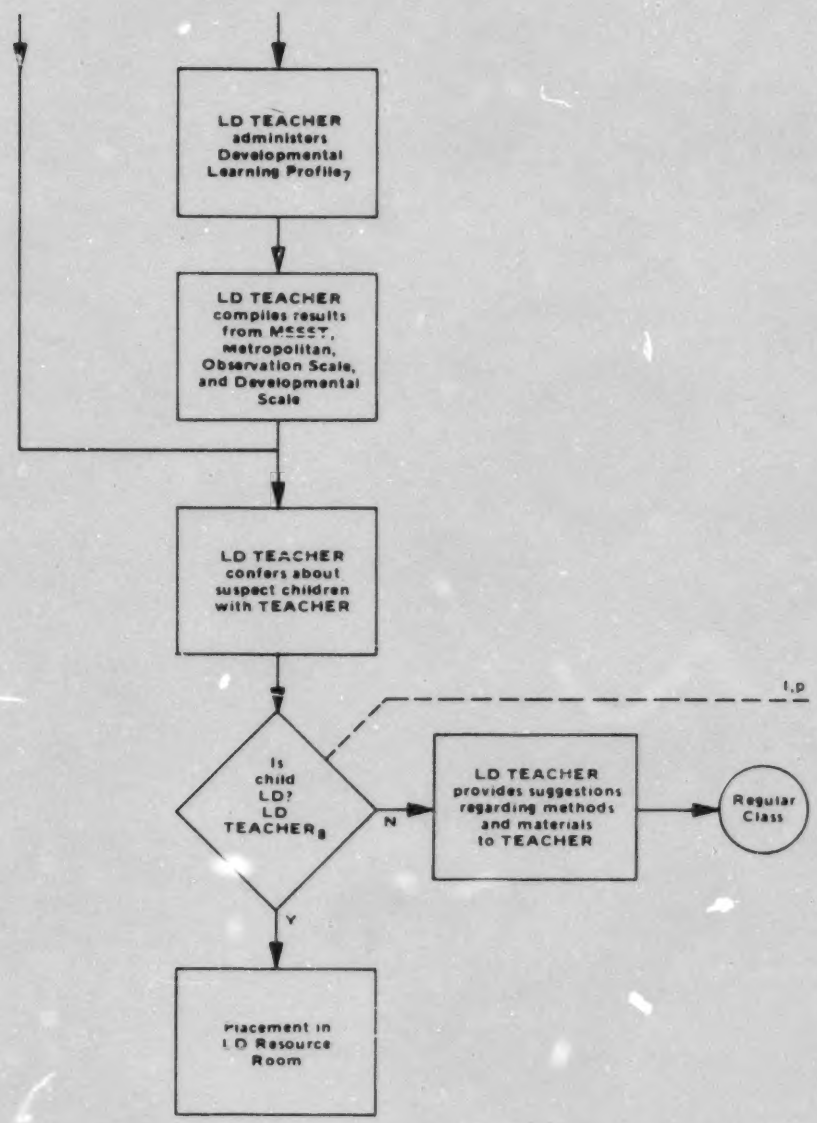
18. This is really a decision-making process; however, it is a whole series of decisions aimed at indicating programming needs and solutions and designating target behaviors for intervention. The decision has already been made concerning his eligibility for LD remediation.

19. Purpose is to get information from Teacher about how they can help on each targeted behavior.

20. Child remains in Team-Teaching regular class, and LD Teacher, Language Specialist execute remedial prescription in that setting.


Regular Class
S
Is child suspected of LD? TEACHER
N
Regular Class
Y
TEACHER confers with LD TEACHER
Is there room in LD Resource Room? LD TEACHER
N
LD TEACHER provides suggestions regarding methods and materials to TEACHER
Regular Class
Y
LD TEACHER observes child in classroom; completes observation scale5
LD TEACHER compiles results from MSSST, Metropolitan, and Observation Scale9
LD TEACHER; TEACHERS administer screening tests to all First Grade Children1
I
Is child low on Metropolitan Readiness Test? LD COORDINATOR LD TEACHER2
Y
LD COORDINATOR executes referral to Developmental First Grade
Placement in Developmental First Grade
N
Is child low on Meeting Street School Screening Test (MSSST)? LD COORD; LD TEACHER3
S
N
Regular Class
Y
Is child to be placed on "Potential LD List"? LD COORD; LD TEACHER4
S
N
Regular Class
Y
LD TEACHER observes child in classroom; completes observation scale8
LD TEACHER; AIDES administer battery of tests6

PROJECT N-1


LD TEACHER administers Developmental Learning Profile
LD TEACHER compiles results from MSSST, Metropolitan, Observation Scale, and Developmental Scale
LD TEACHER confers about suspect children with TEACHER
I.P
Is child LD? LD TEACHER
N
LD TEACHER provides suggestions regarding methods and materials to TEACHER
Regular Class
Y
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: N

2. Delivery System for Intervention: LD Resource Room (Grade 1)

3. Initial Entry: Mass Screening (Meeting Street School Screening Test)
   Referral (Teacher)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
      LD Coordinator
      LD Teacher

   b) Constraining decisions: LD Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Screening tests were given to all first grade children (N=217) prior to or at school entrance (80-90% were tested in the summer; the remainder at time of school entrance); all target school first grade teachers assisted. The screening tests were: a) The Meeting Street School Screening Test (MSSST), and b) The Metropolitan Readiness Test.

2. LD Coordinator is Title VI-G Project local director; LD Teacher is responsible for coordinating all remediation done by her and three aides. The LD Teacher takes a heavy role in the decision-making throughout the process. No specific criteria are available concerning the cut-off for the Metropolitan.

3. The exact criteria for being "low" on the MSSST are not know; however, the LD Coordinator, LD Teacher state that the regular cut-off on the MSSST created "too many children".

4. The LD Coordinator and LD Teacher apparently took the 30 or 35 "most suspect" children to continue in the system. Although 217 children were tested in three schools, children were only eligible to receive LD Resource Room intervention if they were in one particular school, which had 90 first graders. Thus, about one-third, or more of the targeted pool of children were considered "suspect" at this point. A limit of 25 children was imposed on the enrollment in the LD Resource Room. Thus, the process from this point on is essentially aimed at narrowing the "suspect list" to 25. Children who were tested in the other two schools did not receive intervention service by the LD Teacher; however, suggestions for classroom intervention were given.

5. The "Observation Scale" was designed by the LD Teacher. It was a combination of several available scales.

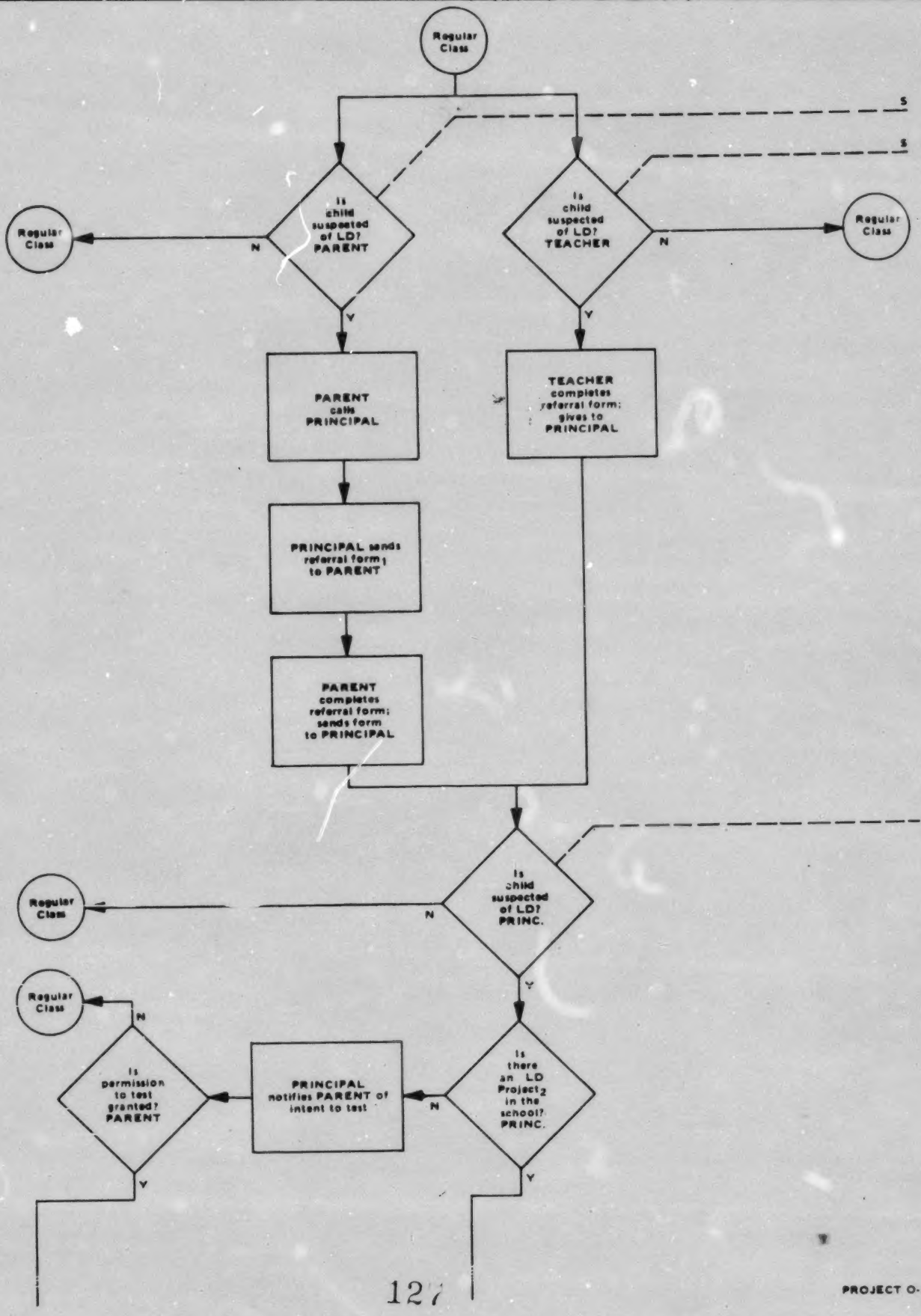
6. Battery of tests was intended to be used as "baseline data" by evaluator.

However, these data were never used in the decision-making by the LD staff. Tests were measures of: a) arithmetic concepts, b) Piagetian concepts, and c) motor abilities.

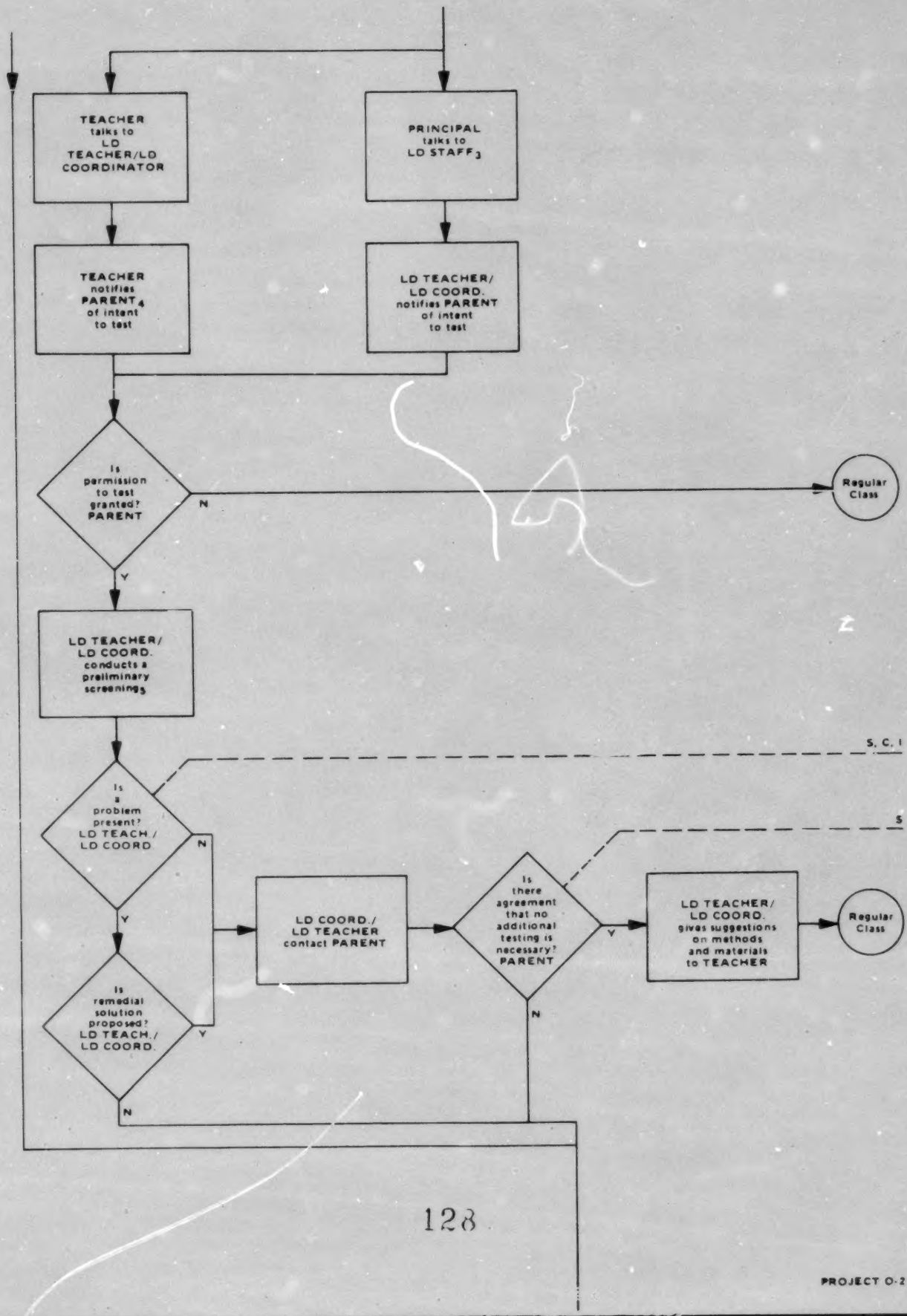
7. This is the "Behavioral Developmental Profile", developed in Marshalltown, Iowa. It is a composite of developmental items rated as "completed" or "uncompleted".

8. Criteria for LD were primarily derived from MSSST and Developmental Scale: Decisions were made by the LD Teacher. She looked for a) low verbal; b) low visual; c) low auditory on the MSSST, paying little attention to the motor items (the precise criteria for these "lows" are unknown; they essentially represent the judgment of the LD Teacher based on available information). The Developmental Profile was used to eliminate children "not developmentally at their level". Apparently, the children eliminated at this point were "low ability children", not LD; they simply remained in the regular classroom, with some suggestions given to the teacher.

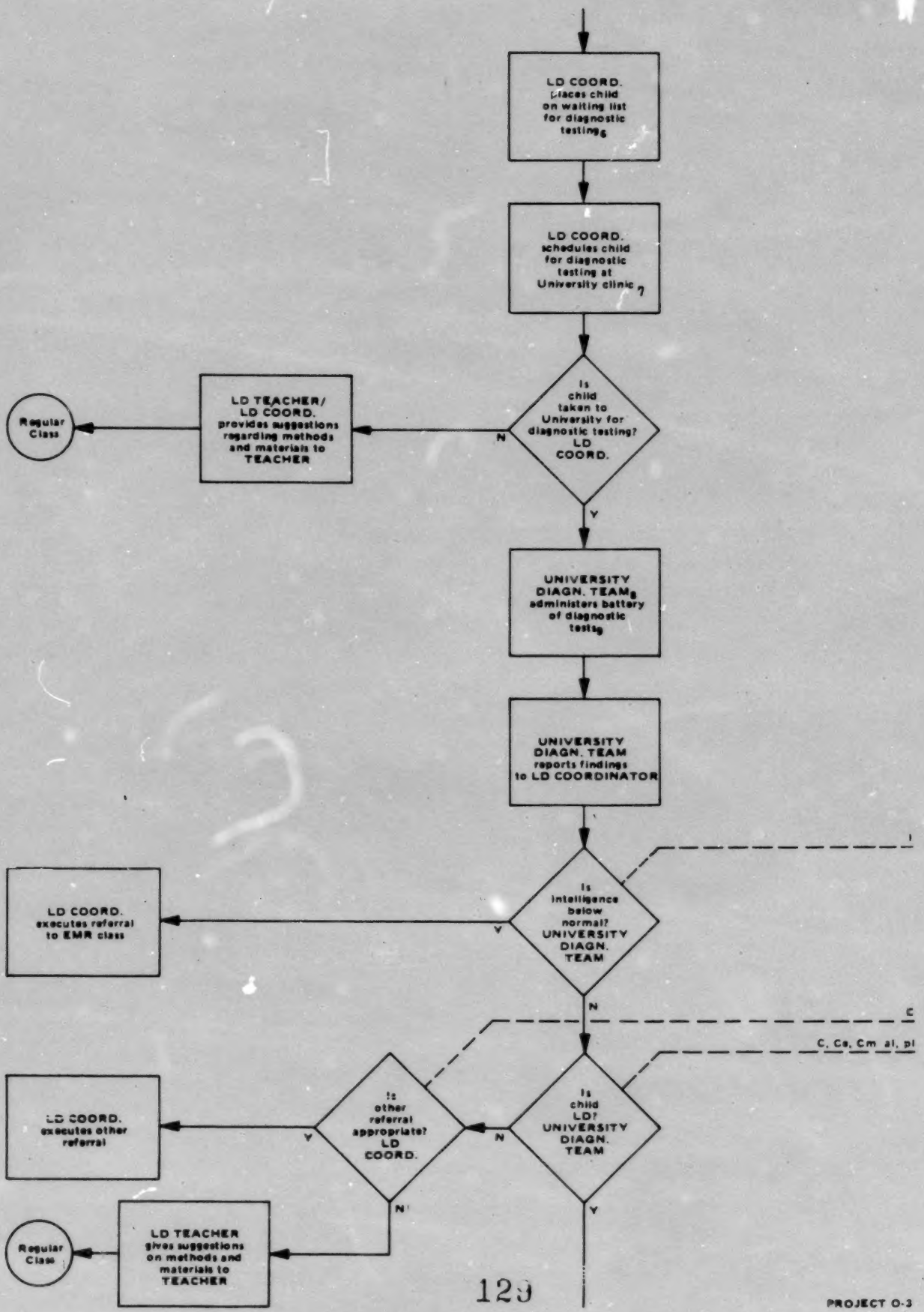
9. This is precisely the process followed with those originally picked up by MSSST screening, except that the Developmental Learning Profile (see note7) is not given. The LD Teacher states that "it's not going to tell anything that the MSSST won't tell." Also, by this time the teachers know the children well enough that they do not tend to refer "low" children or children with "other problems."


Regular Class
S
S
Regular Class
Is child suspected of LD? PARENT
N
Y
Is child suspected of LD? TEACHER
N
Regular Class
Y
PARENT calls PRINCIPAL
TEACHER completes referral form; gives to PRINCIPAL
PRINCIPAL sends referral form1 to PARENT
PARENT completes referral form; sends form to PRINCIPAL
Is child suspected of LD? PRINC.
N
Regular Class
Y
Regular Class
N
Is there an LD Project2 in the school? PRINC.
N
PRINCIPAL notifies PARENT of intent to test
Is permission to test granted? PARENT
Y
Y

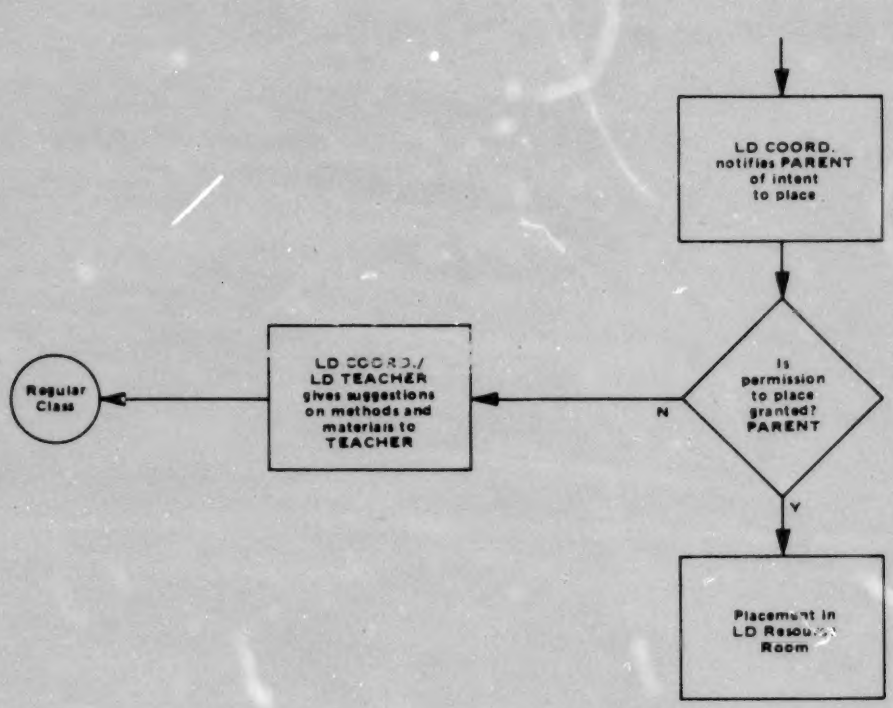
PROJECT O-1


TEACHER talks to LD TEACHER/LD COORDINATOR
PRINCIPAL talks to LD STAFF3
TEACHER notifies PARENT4 of intent to test
LD TEACHER/ LD COORD. notifies PARENT of intent to test
Is permission to test granted? PARENT
N
Regular Class
Y
LD TEACHER/ LD COORD. conducts a preliminary screening5
S, C, I
S
Is a problem present? LD TEACH./ LD COORD.
N
Y
LD COORD./ LD TEACHER contact PARENT
Is there agreement that no additional testing is necessary? PARENT
Y
LD TEACHER/ LD COORD. gives suggestions on methods and materials to TEACHER
Regular Class
Is remedial solution proposed? LD TEACH./ LD COORD.
Y
N
N

PROJECT O-2


LD COORD. places child on waiting list for diagnostic testing
LD COORD. schedules child for diagnostic testing at University clinic
Is child taken to University for diagnostic testing? LD COORD.
N
LD TEACHER/ LD COORD. provides suggestions regarding methods and materials to TEACHER
Regular Class
Y
UNIVERSITY DIAGN. TEAM administers battery of diagnostic tests
UNIVERSITY DIAGN. TEAM reports findings to LD COORDINATOR
I
Is intelligence below normal? UNIVERSITY DIAGN. TEAM
Y
LD COORD. executes referral to EMR class
N
C
C, Cs, Cm al, pl
Is child LD? UNIVERSITY DIAGN. TEAM
N
Y
Is other referral appropriate? LD COORD.
Y
LD COORD. executes other referral
N
LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class

PROJECT O-3


LD COORD. notifies PARENT of intent to place
Is permission to place granted? PARENT
N
Y
LD COORD./ LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: O

2. Delivery System for Intervention: LD Resource Room (Grades 1-3)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher, Parent, Principal, LD Teacher, LD Coordinator, University Diagnostic Team (Social Worker, Psychologist, Speech & Hearing Clinicians, Educational Consultant)

   b) Constraining decisions: Principal, Parent, LD Teacher, LD Coordinator

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Referral form is primarily identifying information and statement of the problem, plus some case history.

2. LD Project means Title VI-G Project, which serves only certain schools, and is headed by the LD Coordinator.

3. LD Staff includes LD Coordinator, LD Teachers; whenever the term LD Staff appears, it means that any one of the staff may perform that function.

4. In instance where Teacher contacts LD Staff, it is because Principal requested or was unavailable.

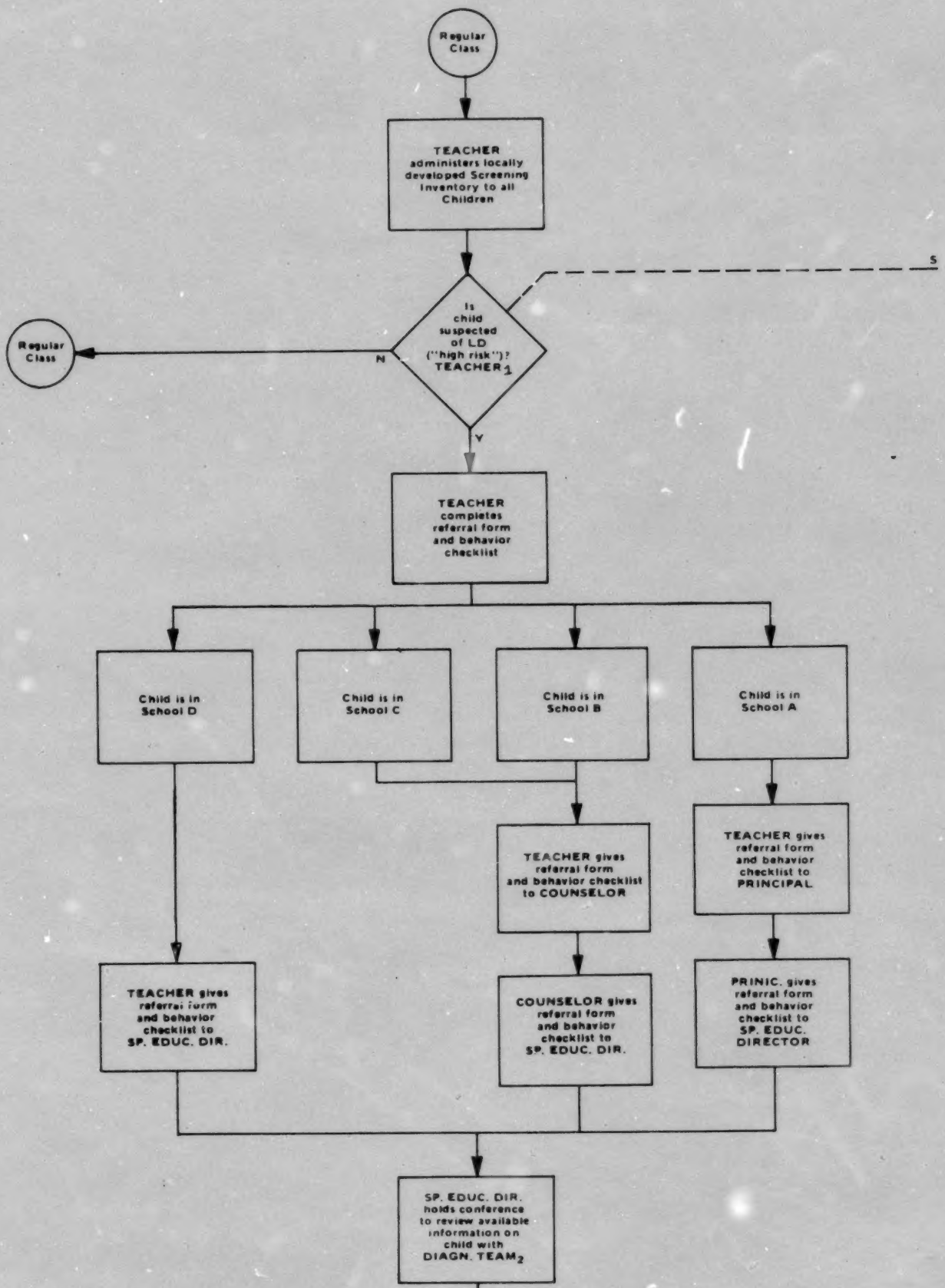
5. Screening consists of filling out Learning Disabilities Check List, a combination of locally developed form and the Rocky Mountain Checklist (Classroom Screening Instrument).

6. The waiting list is prioritized by the LD Coordinator.

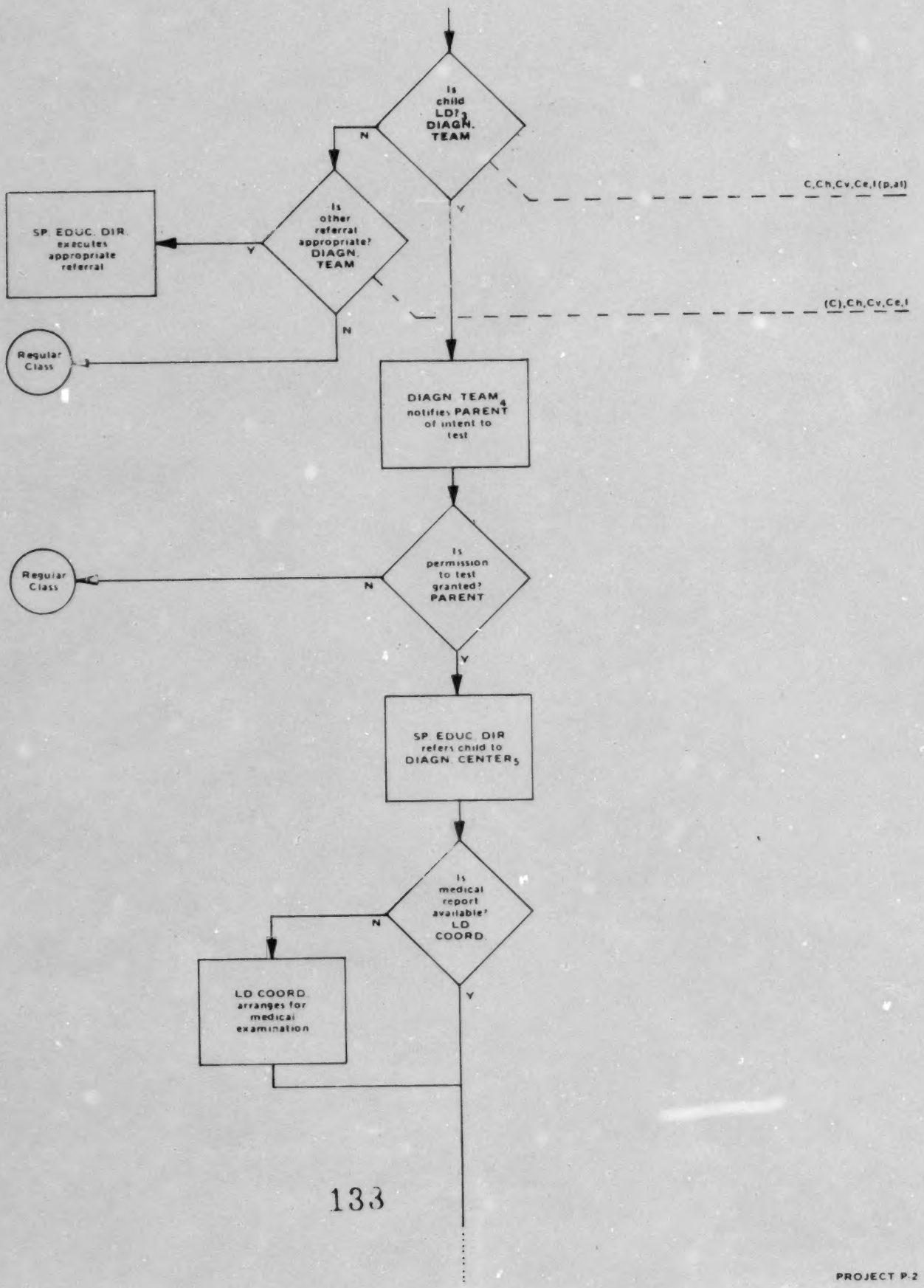
7. University Diagnostic Team is located about 20 miles from the School District. However, they come as a group on some days to the District and children are scheduled for testing at the School Board offices.

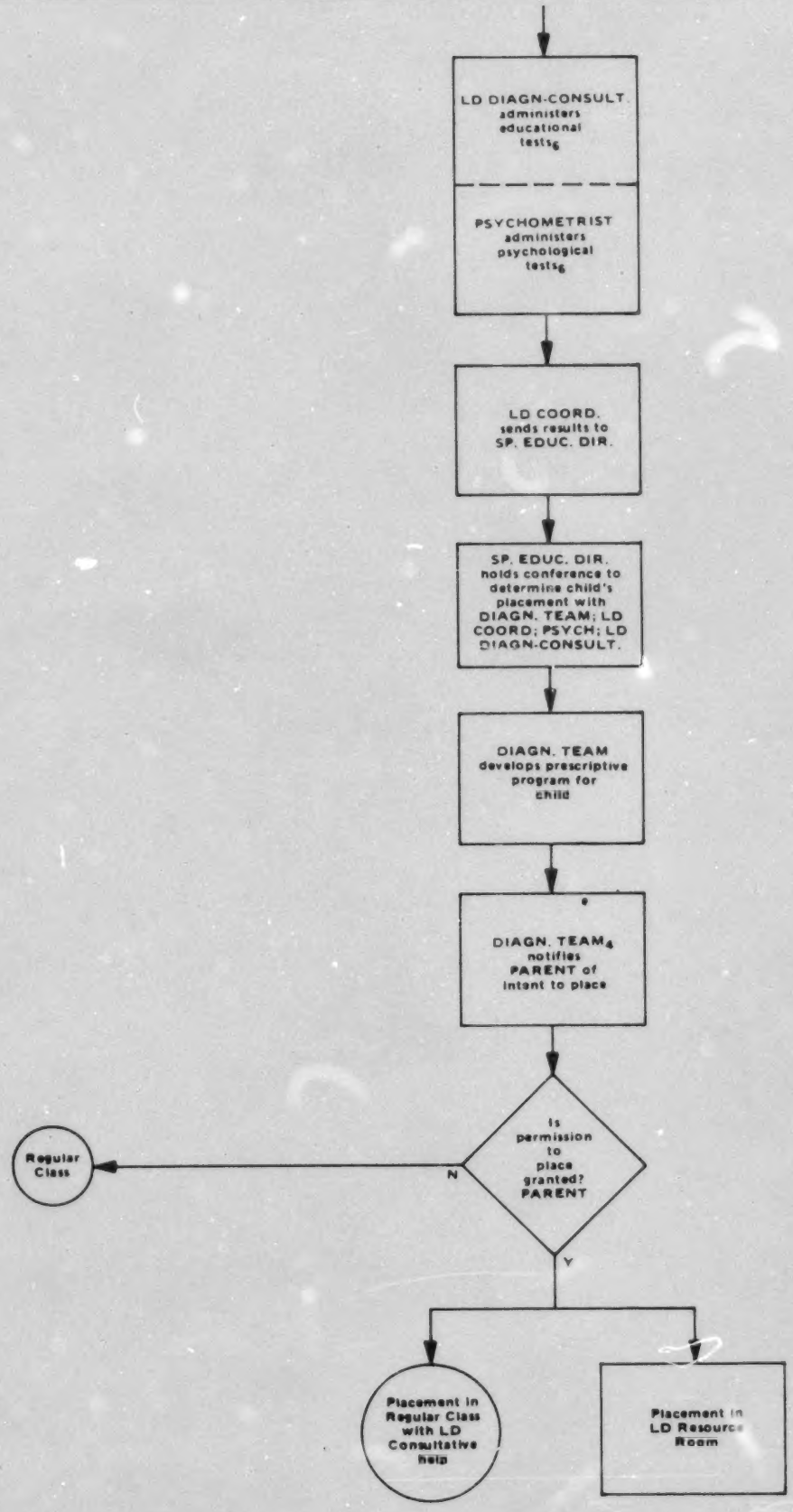
8. The University Diagnostic Team consists of a Social Worker, a Psychologist, a Speech & Hearing Clinician (2), and an LD Diagnostician.

9. Testing includes WISC, Draw-A-Person, Gilmore, Stanford Achievement Tests, ITPA, Bender.


Regular Class
TEACHER administers locally developed Screening Inventory to all Children
S
Is child suspected of LD ("high risk")? TEACHER 1
N
Regular Class
Y
TEACHER completes referral form and behavior checklist
Child is in School D
Child is in School C
Child is in School B
Child is in School A
TEACHER gives referral form and behavior checklist to COUNSELOR
TEACHER gives referral form and behavior checklist to PRINCIPAL
TEACHER gives referral form and behavior checklist to SP. EDUC. DIR.
COUNSELOR gives referral form and behavior checklist to SP. EDUC. DIR.
PRINIC. gives referral form and behavior checklist to SP. EDUC. DIRECTOR
SP. EDUC. DIR. holds conference to review available information on child with DIAGN. TEAM 2

PROJECT P-1


Is child LD? DIAGN. TEAM
N
Y
C,Ch,Cv,Ce,I(p,al)
Is other referral appropriate? DIAGN. TEAM
SP. EDUC. DIR. executes appropriate referral
Y
(C),Ch,Cv,Ce,I
N
Regular Class
DIAGN. TEAM notifies PARENT of intent to test
Is permission to test granted? PARENT
Regular Class
N
Y
SP. EDUC. DIR refers child to DIAGN. CENTER
Is medical report available? LD COORD.
N
LD COORD. arranges for medical examination
Y


LD DIAGN-CONSULT. administers educational tests6
PSYCHOMETRIST administers psychological tests6
LD COORD. sends results to SP. EDUC. DIR.
SP. EDUC. DIR. holds conference to determine child's placement with DIAGN. TEAM; LD COORD; PSYCH; LD DIAGN-CONSULT.
DIAGN. TEAM develops prescriptive program for child
DIAGN. TEAM4 notifies PARENT of intent to place
Is permission to place granted? PARENT
N
Regular Class
Y
Placement in Regular Class with LD Consultative help
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: P

2. Delivery System for Intervention: LD Resource Room (Grades 7-8)
   LD Consultative

3. Initial Entry: Mass Screening (locally developed)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Diagnostic Team (Director of Special Education, Psychologist, Teacher, Counselor, Principal, Nurse, Social Worker, LD Diagnostician-consultant)

   b) Constraining decisions: Parent
   LD Coordinator

II. SPECIAL NOTATIONS

(footnotes apply to notations within flow-chart)

1. Cut off scores will be established after the instrument is piloted.

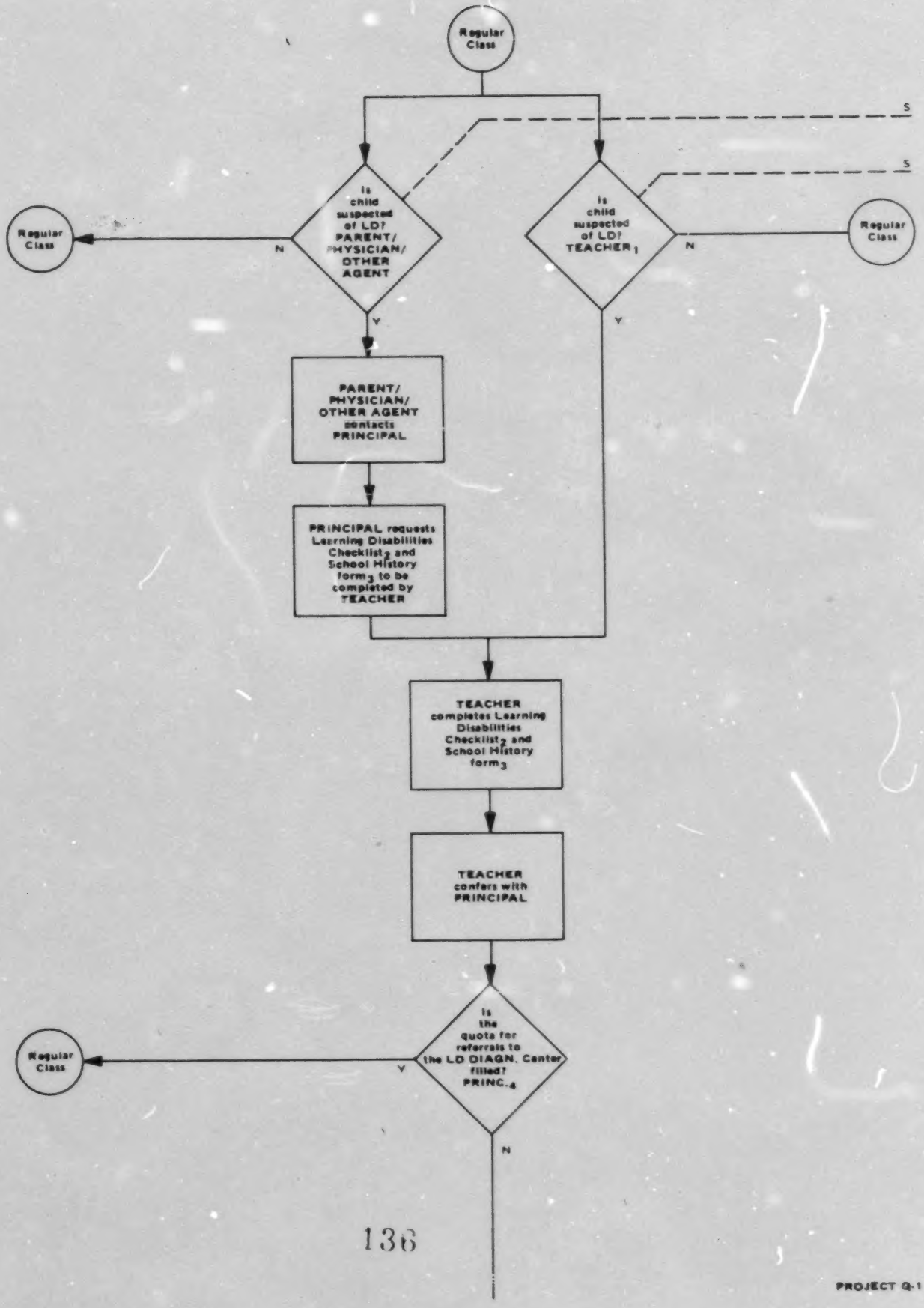
2. Includes Director of Special Education, Psychologist, Teacher, Counselor, Principal, Nurse, Social Worker, LD Diagnostician-Consultant. Available information from referral and checklist include school history, medical history, test scores from cumulative file (IQ,vision, hearing, Bender-Gestalt, Slingerland or Malcomesius, or MSSST.

3. Specific criteria are not clearly defined. It is assumed that MR and ED (BD) are screened out, since these are not to be reviewed at Diagnostic Center (next step). It is also assumed that sensory handicaps are eliminated since rather detailed vision and hearing report is included on referral form.

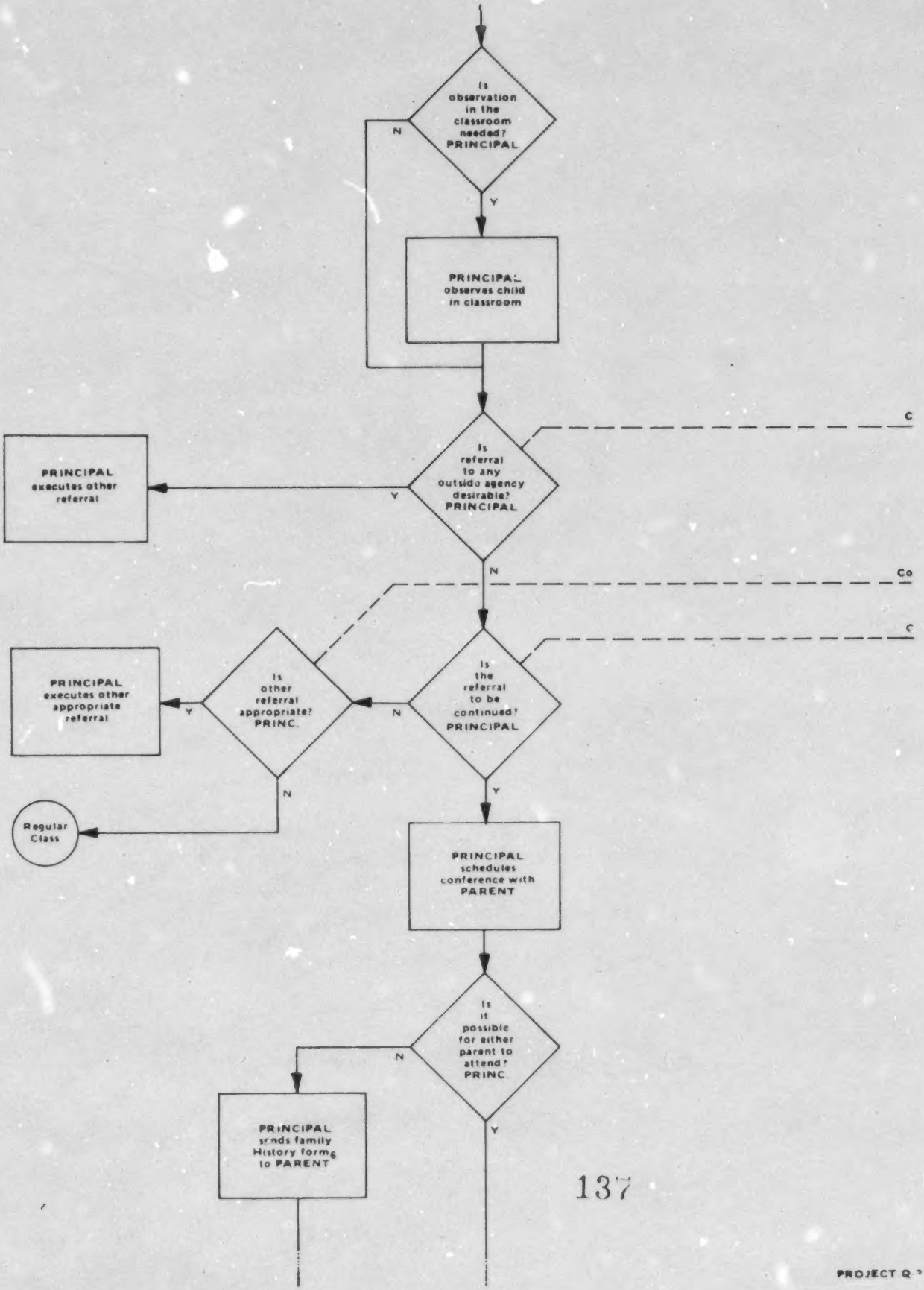
4. No particular person specified, although probably this is done by the social worker.

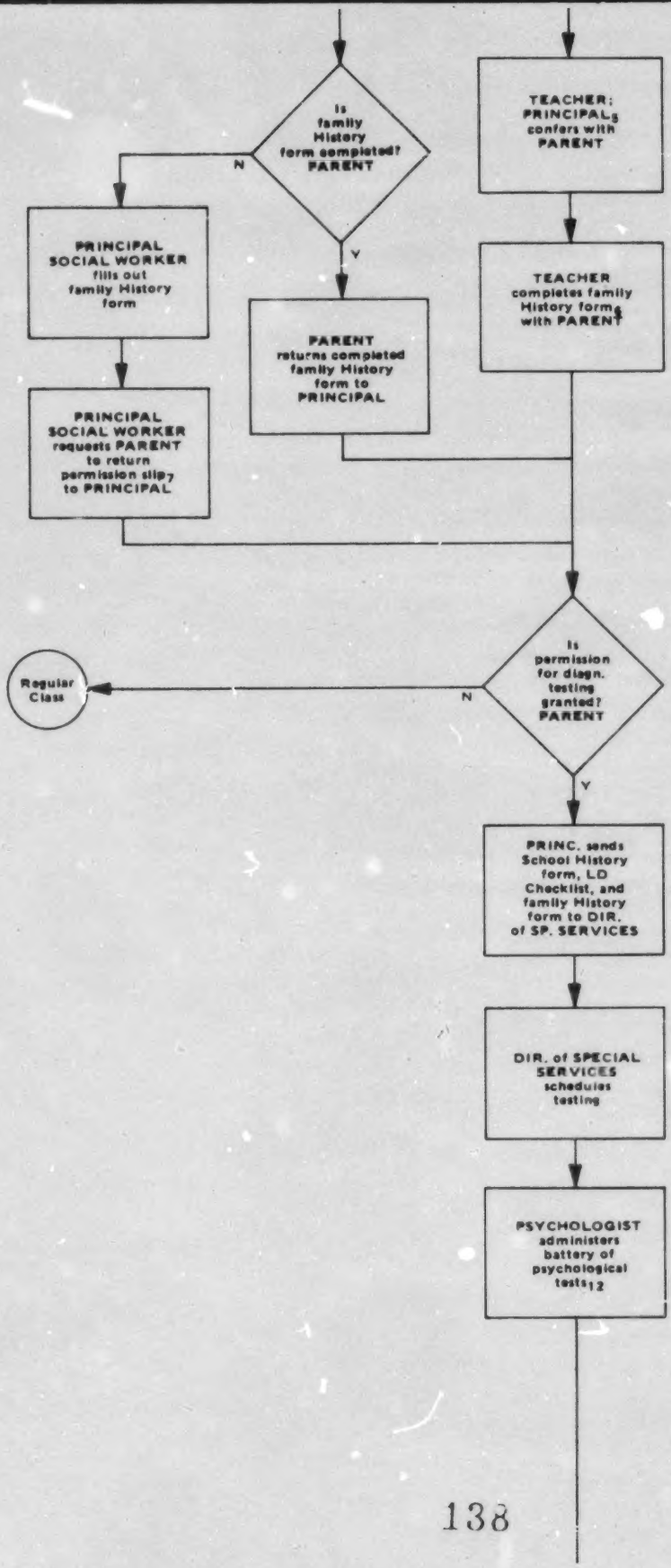
5. The Center is an outside agency serving the school district, and responsible for the diagnostic evaluation of the child.

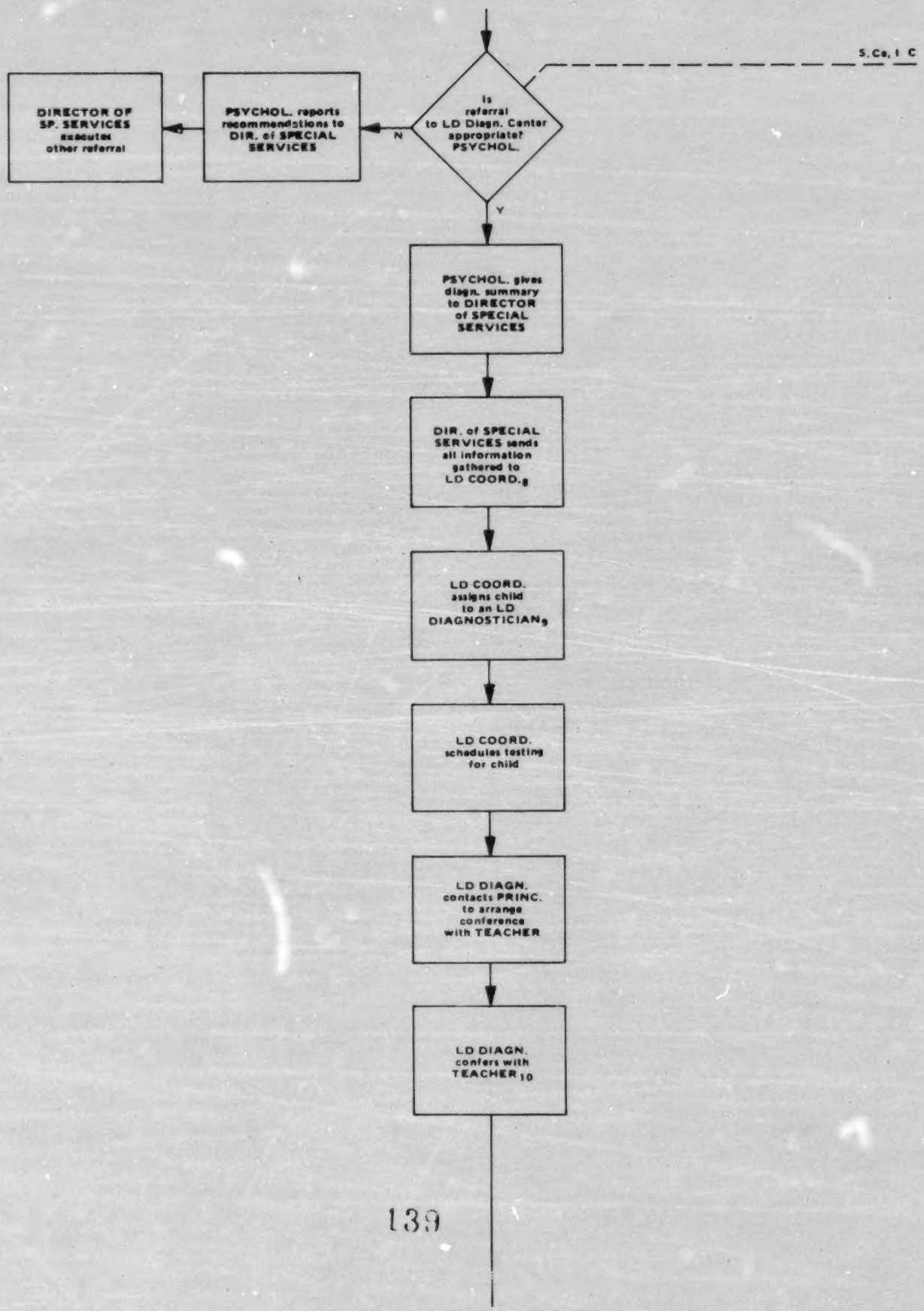
6. Psychological battery includes WISC, Bender-Gestalt, some self-esteen inventory. Educational battery includes Goldman-Fritol-Woodcock Test, Detroit Test, Durrell analysis of reading, informal penmanship test, copying exercise, key math, interest inventory, gross motor measurement, memory for designs test, writing alphabet from memory, Durrell word recognition, Stanford reading, Gilmore oral reading test, Fry's phonics criterion test, Ayer's spelling test. All children would not receive complete battery.

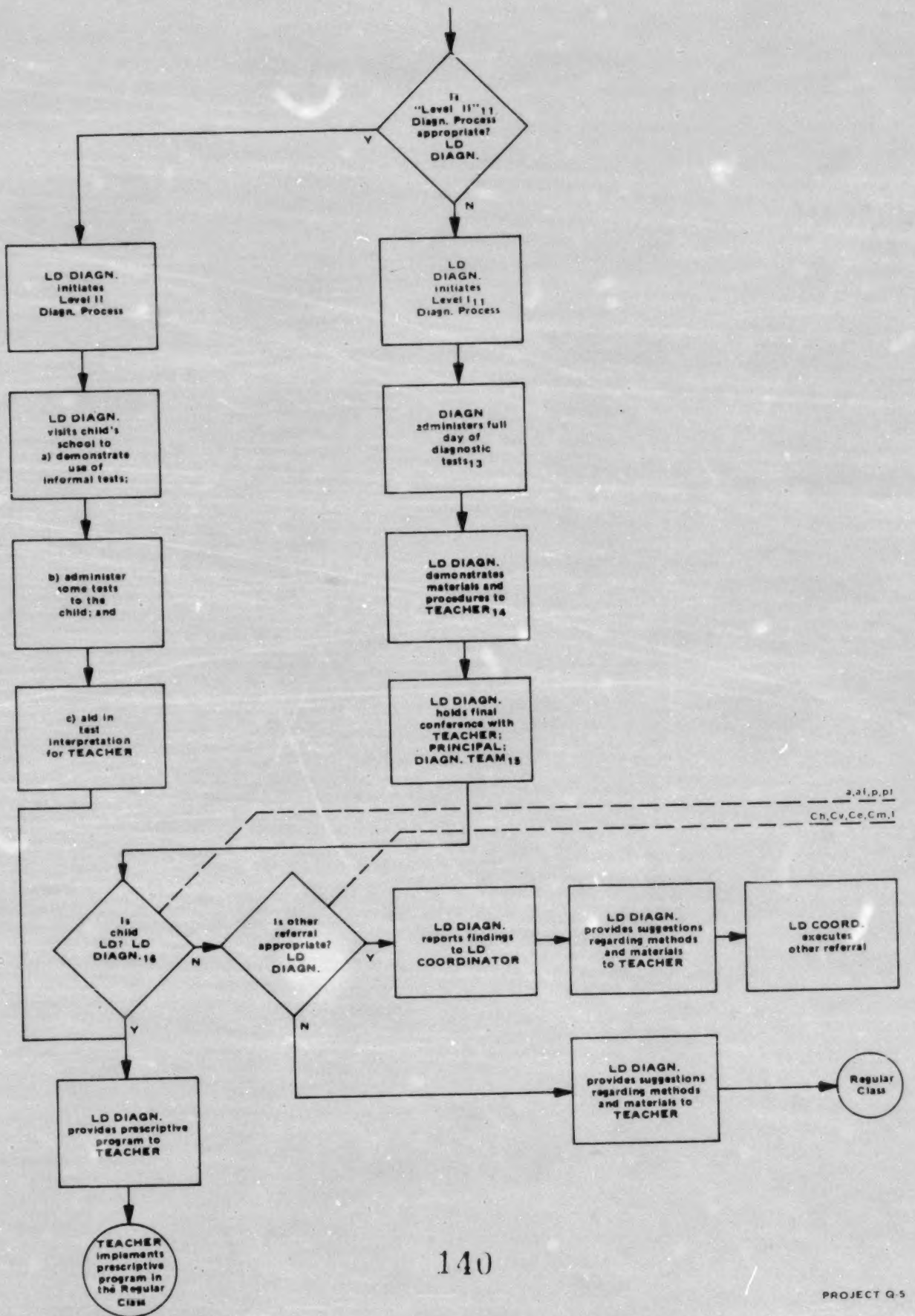

Regular Class
S
S
Is child suspected of LD? PARENT/ PHYSICIAN/ OTHER AGENT
Is child suspected of LD? TEACHER1
Regular Class
N
N
Regular Class
Y
Y
PARENT/ PHYSICIAN/ OTHER AGENT contacts PRINCIPAL
PRINCIPAL requests Learning Disabilities Checklist2 and School History form3 to be completed by TEACHER
TEACHER completes Learning Disabilities Checklist2 and School History form3
TEACHER confers with PRINCIPAL
Is the quota for referrals to the LD DIAGN. Center filled? PRINC.4
Regular Class
Y
N

PROJECT Q-1

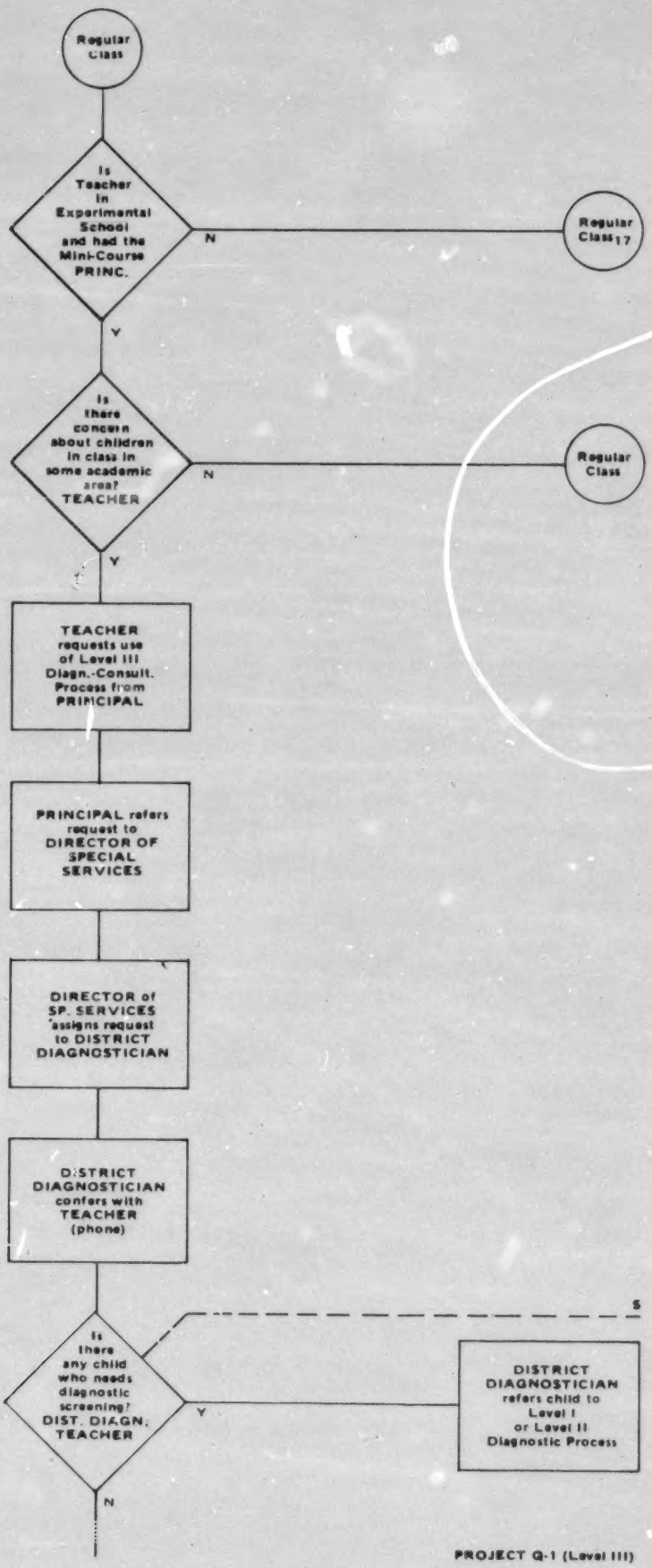

Is observation in the classroom needed? PRINCIPAL
N
Y
PRINCIPAL observes child in classroom
C
Is referral to any outside agency desirable? PRINCIPAL
Y
PRINCIPAL executes other referral
N
Co
C
Is the referral to be continued? PRINCIPAL
N
Y
Is other referral appropriate? PRINC.
Y
PRINCIPAL executes other appropriate referral
N
Regular Class
PRINCIPAL schedules conference with PARENT
Is it possible for either parent to attend? PRINC.
N
Y
PRINCIPAL sends family History forms to PARENT


Is family History form completed? PARENT
N
Y
TEACHER; PRINCIPAL confers with PARENT
PRINCIPAL SOCIAL WORKER fills out family History form
PARENT returns completed family History form to PRINCIPAL
TEACHER completes family History form with PARENT
PRINCIPAL SOCIAL WORKER requests PARENT to return permission slip to PRINCIPAL
Is permission for diagn. testing granted? PARENT
N
Regular Class
Y
PRINC. sends School History form, LD Checklist, and family History form to DIR. of SP. SERVICES
DIR. of SPECIAL SERVICES schedules testing
PSYCHOLOGIST administers battery of psychological tests

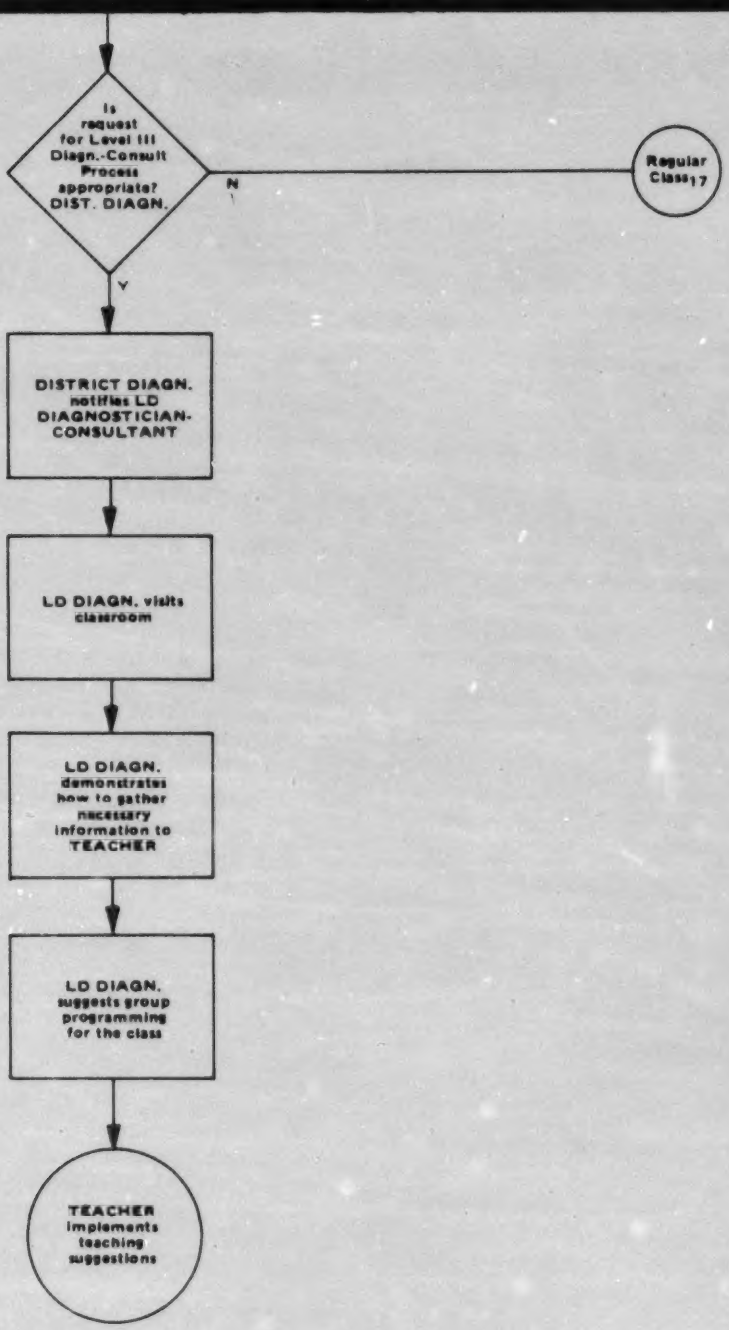

S, Co, I C
Is referral to LD Diagn. Center appropriate? PSYCHOL.
N
PSYCHOL. reports recommendations to DIR. of SPECIAL SERVICES
DIRECTOR OF SP. SERVICES executes other referral
Y
PSYCHOL. gives diagn. summary to DIRECTOR of SPECIAL SERVICES
DIR. of SPECIAL SERVICES sends all information gathered to LD COORD.8
LD COORD. assigns child to an LD DIAGNOSTICIAN9
LD COORD. schedules testing for child
LD DIAGN. contacts PRINC. to arrange conference with TEACHER
LD DIAGN. confers with TEACHER10


Is "Level II"11 Diagn. Process appropriate? LD DIAGN.
Y
N
LD DIAGN. initiates Level II Diagn. Process
LD DIAGN. initiates Level I11 Diagn. Process
LD DIAGN. visits child's school to a) demonstrate use of informal tests;
DIAGN administers full day of diagnostic tests13
b) administer some tests to the child; and
LD DIAGN. demonstrates materials and procedures to TEACHER14
c) aid in test interpretation for TEACHER
LD DIAGN. holds final conference with TEACHER; PRINCIPAL; DIAGN. TEAM15
a,ai,p,pi
Ch,Cv,Ce,Cm,I
Is child LD? LD DIAGN.16
N
Is other referral appropriate? LD DIAGN.
Y
LD DIAGN. reports findings to LD COORDINATOR
LD DIAGN. provides suggestions regarding methods and materials to TEACHER
LD COORD. executes other referral
Y
N
LD DIAGN. provides suggestions regarding methods and materials to TEACHER
Regular Class
LD DIAGN. provides prescriptive program to TEACHER
TEACHER implements prescriptive program in the Regular Class

PROJECT Q-5


Regular Class
Is Teacher in Experimental School and had the Mini-Course PRINC.
N
Regular Class 17
Y
Is there concern about children in class in some academic area? TEACHER
N
Regular Class
Y
TEACHER requests use of Level III Diagn.-Consult. Process from PRINCIPAL
PRINCIPAL refers request to DIRECTOR OF SPECIAL SERVICES
DIRECTOR of SP. SERVICES assigns request to DISTRICT DIAGNOSTICIAN
DISTRICT DIAGNOSTICIAN confers with TEACHER (phone)
S
Is there any child who needs diagnostic screening? DIST. DIAGN. TEACHER
Y
DISTRICT DIAGNOSTICIAN refers child to Level I or Level II Diagnostic Process
N

PROJECT Q-1 (Level III)


Is request for Level III Diagn.-Consult Process appropriate? DIST. DIAGN.
N
Regular Class 17
Y
DISTRICT DIAGN. notifies LD DIAGNOSTICIAN-CONSULTANT
LD DIAGN. visits classroom
LD DIAGN. demonstrates how to gather necessary information to TEACHER
LD DIAGN. suggests group programming for the class
TEACHER implements teaching suggestions

I. GENERAL INFORMATION

1. Project Code Letter: Q

2. Delivery System for Intervention: LD Consultative (Grades K-12)

3. Initial Entry: Referral (Teacher/Parent/Physician/Other Agents)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher, Parent, Physician, Other Agents, LD Coordinator, Principal, Psychologist, LD Diagnostician, Diagnostic Team (Social Worker, Speech Correctionist, School Diagnostician, Reading Teacher)

   b) Constraining decisions: Teacher, Parent, Principal, LD Diagnostician, District Diagnostician

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Before referring a child the Teacher must have attended a "Mini-course" for in-service training regarding LD, the Diagnostic Center processes, and referral procedures.

2. Checklist is a locally developed form.

3. School History form is comprehensive, including general information, results from previous testing, family history, medical information, educational history and home observations. Teacher fills out appropriate portions at this stage.

4. Because the LD Diagnostic Center is a special project, an attempt is made to serve several schools and to distribute the services.

5. Principal's presence is optional.

6. Family History form is the portion of the School History form not already completed by the Teacher.

7. Permission slip if final sheet of School Family form.

8. LD Coordinator is Title VI-G local Project Director, and Director of the LD Diagnostic Center.

9. This is a decision-making event, since the LD Coordinator tries to "match" the child and tester, according to type of suspected problem and competencies of testers. The LD Diagnostician is a Diagnostician-Consultant; however, the term LD Diagnostician will be used throughout this flow-chart.

10. Conference may be by phone or by visitation of the Teacher to the LD Diagnostic Center.

11. Level I is the "regular" process; it is described as follows:

Procedure	Focus
1. Regular referral process.	1. Diagnostic-prescriptive process around one child.
2. Child seen at the Center.	2. In-service training in use of special materials.
3. Regular follow-up at ten weeks.	

Initially, a child is identified by his teacher, tested by the district's diagnostician, and accompanied by his teacher to the Center for testing. At the end of the testing day a prescriptive case staffing is held (participants: teacher, principal, district's diagnostician, reading teachers, speech therapists, social workers) and an educational prescription is designed to ameliorate the child's learning problems. A follow-up is scheduled to evaluate the child's progress approximately ten weeks later.

Level II is available only to Teachers who have had the Mini-Course and have had a child tested at the LD Diagnostic Center. It is as follows:

Procedure	Focus
1. Regular referral process.	1. Diagnostic-prescriptive process with higher level of involvement by teacher.
2. Consultant goes to the school for testing, assisting teacher in carrying out further testing.	2. In-service training in working "on-going" with consultant on programming.
3. Consultation: programming.	

This level is identical to Level I except that after the child has been tested by the district's diagnostician, the Center's diagnostician-consultant visits the school to offer the appropriate services. The Center's diagnostician will demonstrate the use of informal test instruments, test, aid the teacher in the interpretation of test results, and offer ideas around educational programming. Generally speaking, the focus in Level II will be on in-service teacher training as well as diagnostic service.

In certain circumstances Level II will require a substitute for one half a day. This will enable the diagnostician-consultant to work more intensively around the interpretation of diagnostic test results and educational programming.

In addition, there has been instituted a Level III Diagnostic Process, available only to certain experimental schools and to Teachers who have had the Mini-Course. This process is described as follows:

Procedure	Focus
1. Teacher refers several students directly.	1. Classroom management - programming by teacher.
2. Consultant meets to clarify problems, evolve plan.	2. Teacher becomes primary data collector.
3. On-going consultation.	3. Consultant: interpretation, teacher support.

Level III will be offered to experimental schools throughout the project's constituency, (one school per district). Similar to Level II, Level III in certain circumstances will require a substitute for one half a day. This will enable the diagnostician-consultant to work more intensively around the interpretation of diagnostic test results and educational programming. Level III is different in four important ways:

a. Instead of referring one child a teacher would refer his "entire classroom", that is, all the children in his classroom with whom there are difficulties in learning in some academic areas. The referral process will continue to be funneled through the Special Services Department of each school district.

b. The children in Level III would not necessarily need a diagnostic screening by the district's diagnostician. However, a conversation between the teacher and the district's diagnostician (or other designated person) will be necessary to reduce the number of inappropriate referrals.

c. Instead of the diagnostician-consultant doing testing at the Center the teacher will be shown how to gain the necessary kinds of diagnostic information in his own classroom.

d. Instead of programming for one child at the Center the teacher will receive ideas for programming with several children within the framework of his own class setting.

Level III is so unique that a separate flow chart is provided following the completion of the regular flow-chart, which considers only Levels I and II.

12. Diagnostic tests include Binet or WISC, Goodenough, ITPA, Bender, WRAT.

13. The battery of test varies substantially, and is the choice of the LD Diagnostician exclusively. Tests are generally academic, specific ability and cognitive tests. Goal is to find child's strengths and weaknesses and identify target behaviors for intervention.

14. Demonstration of materials is geared toward those which will be useful with child being tested.

15. Diagnostic Team includes any persons who have pertinent information on

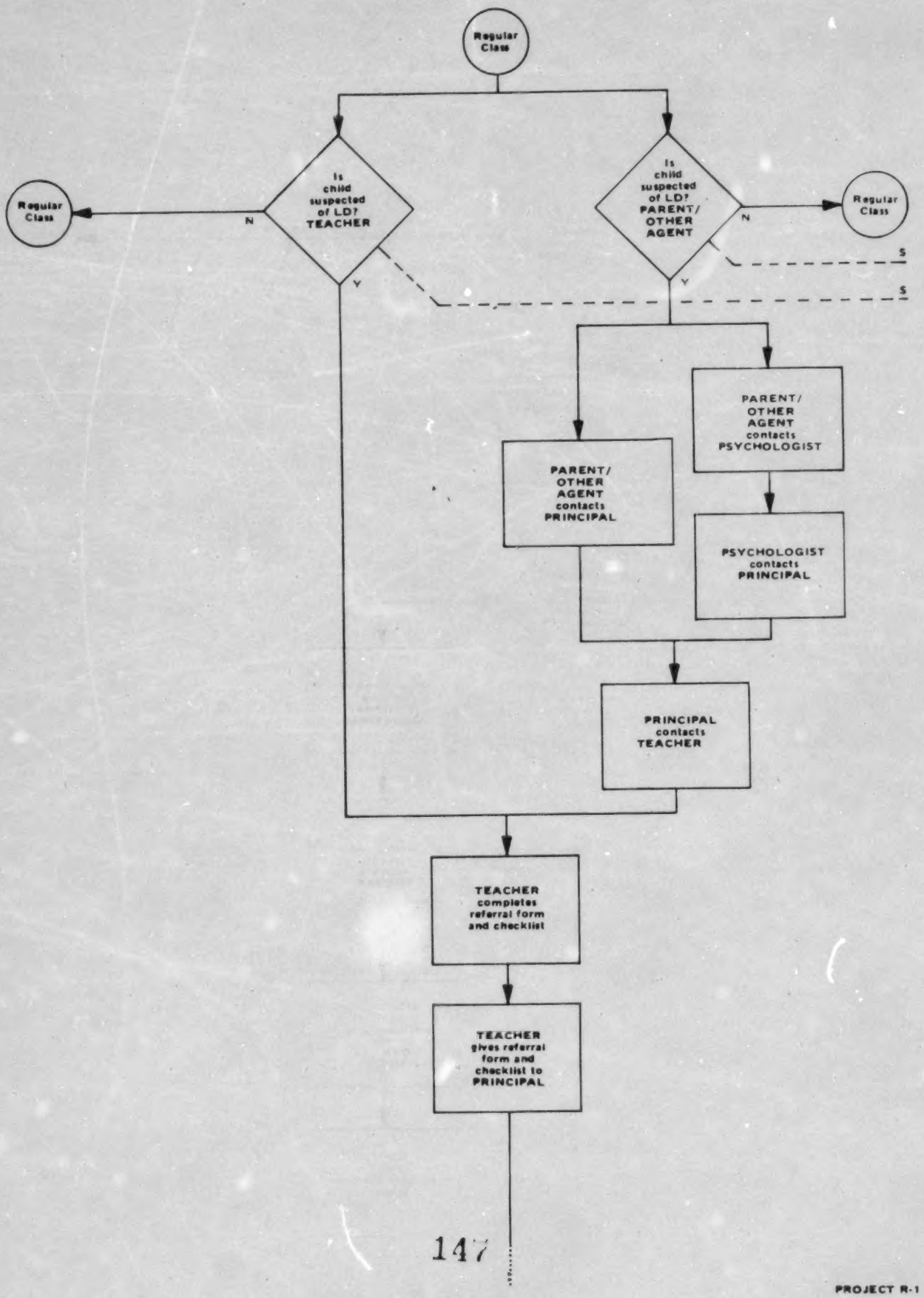
the child, i.e., Teacher, Principal, plus other optional staff: Speech Clinician; Social Worker; School Diagnostician; Reading Teacher, etc. (occasionally a Parent attends).

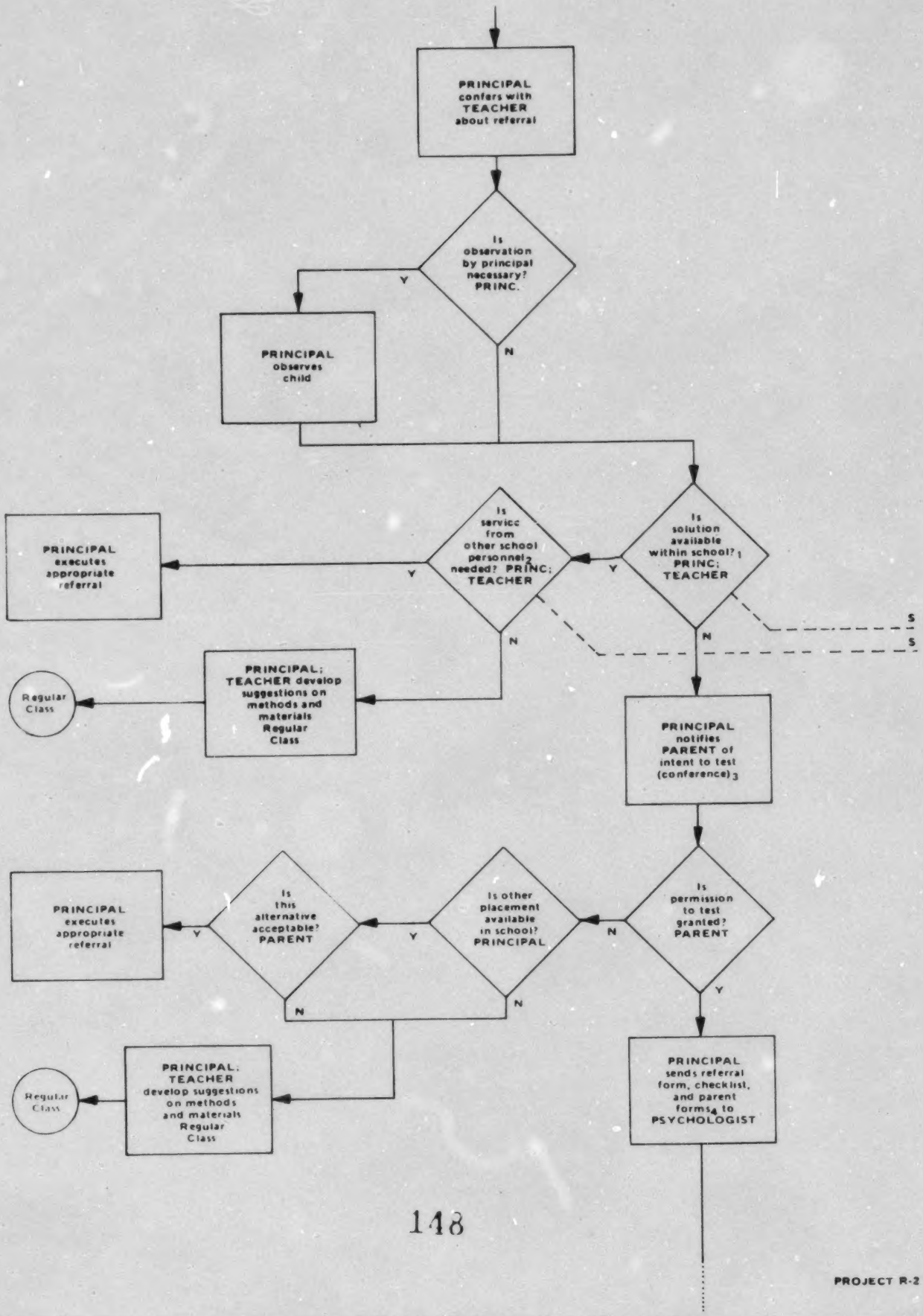
The LD Diagnostician suggests a) profile and skill levels, and b) prescriptive program (materials; management techniques; time blocking, etc.). Other members of Team modify if necessary.

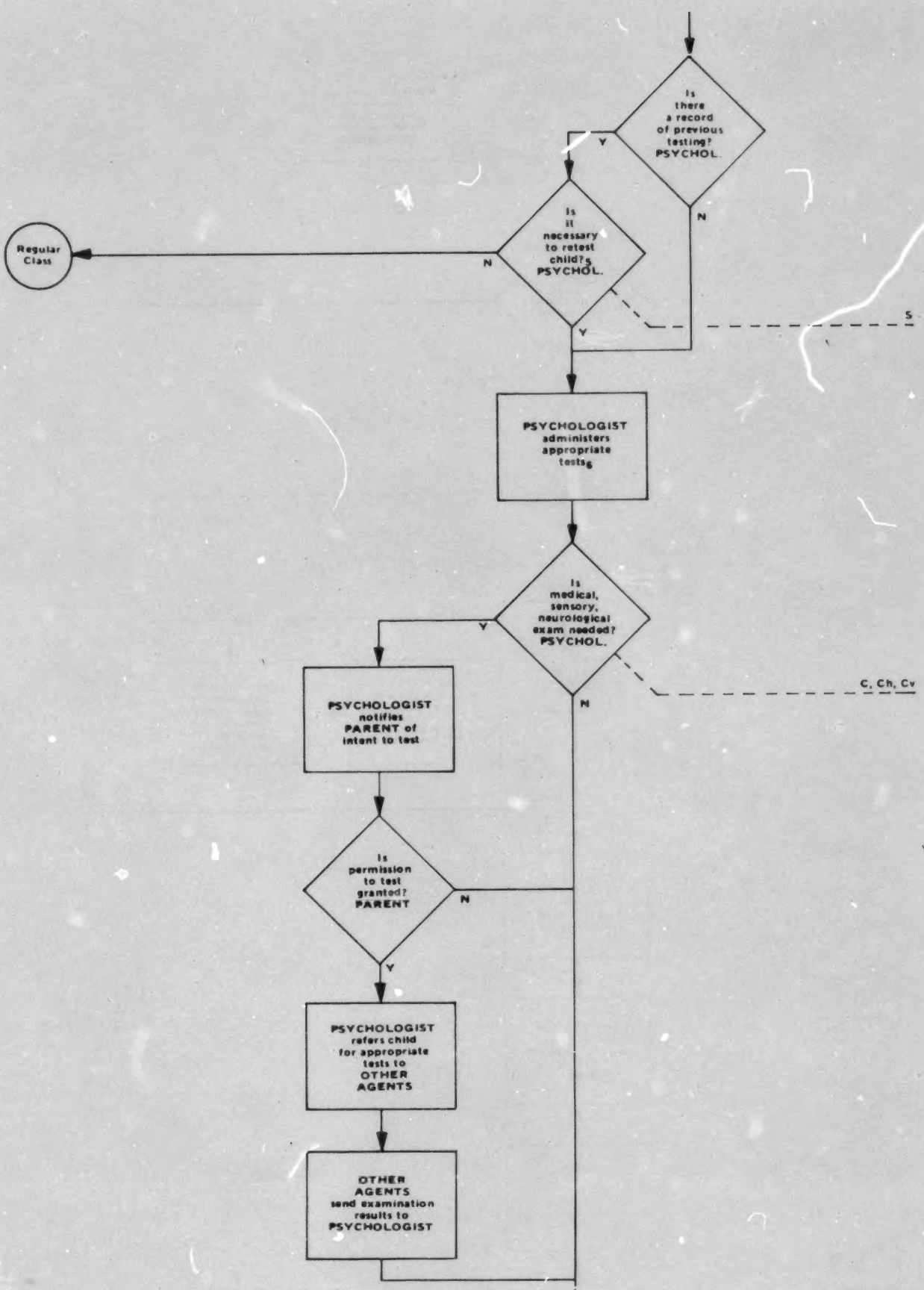
Each participant receives work sheets, process notes, recommendations, with listing of materials, etc.; Teacher is given materials to work with.

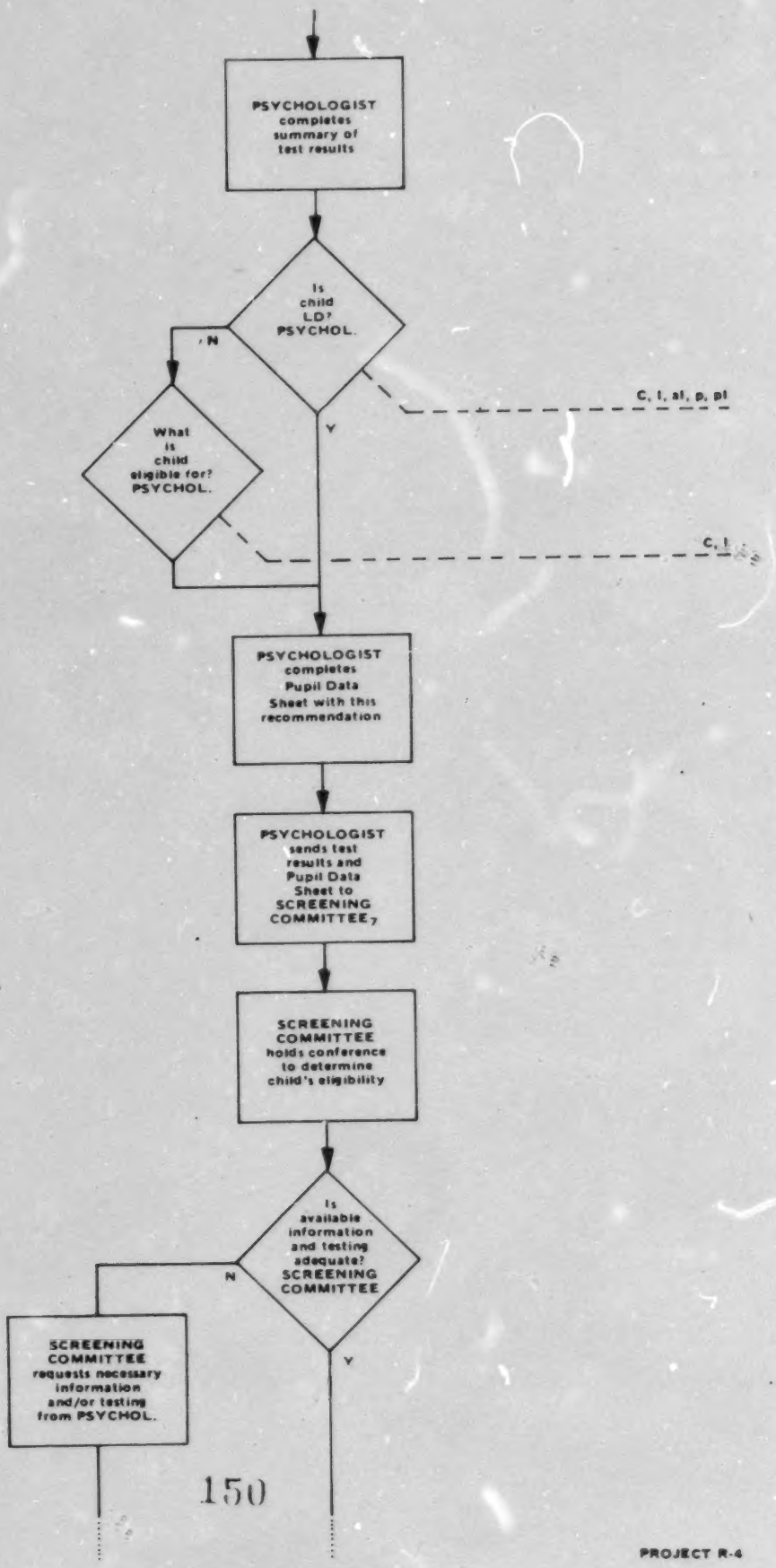
16. The precise criteria for designation as LD are unknown; however, the assumption is that is the child gets this far, he needs help; thus, the emphasis is on establishing a profile of skill and ability levels to which remediation (consultative) will be addressed.

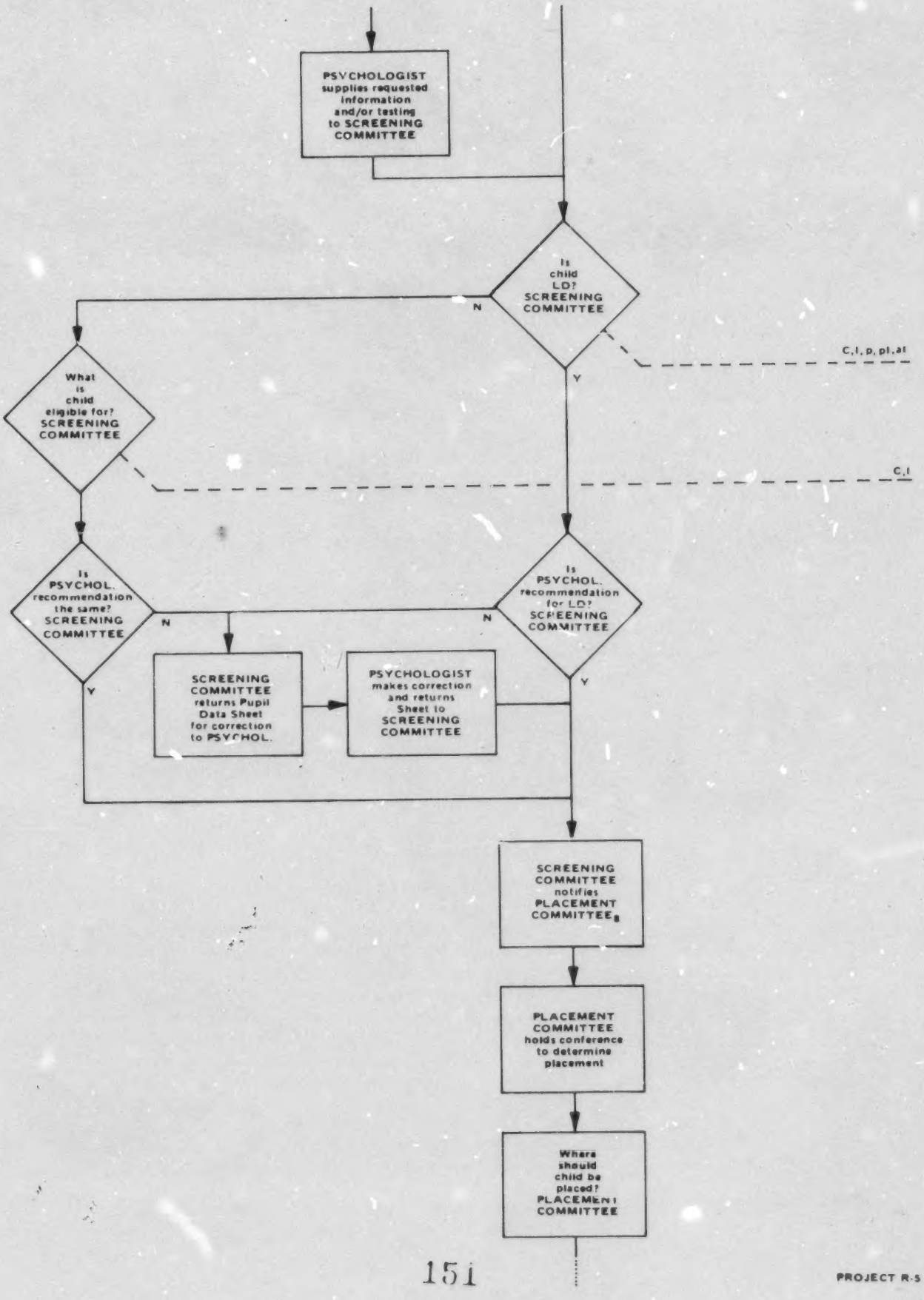
17. (Level III). This indicates that Teacher cannot receive LD Diagnostic Center Diagnostic-Consultative Process - Level III; however, Level I and II processes are available.

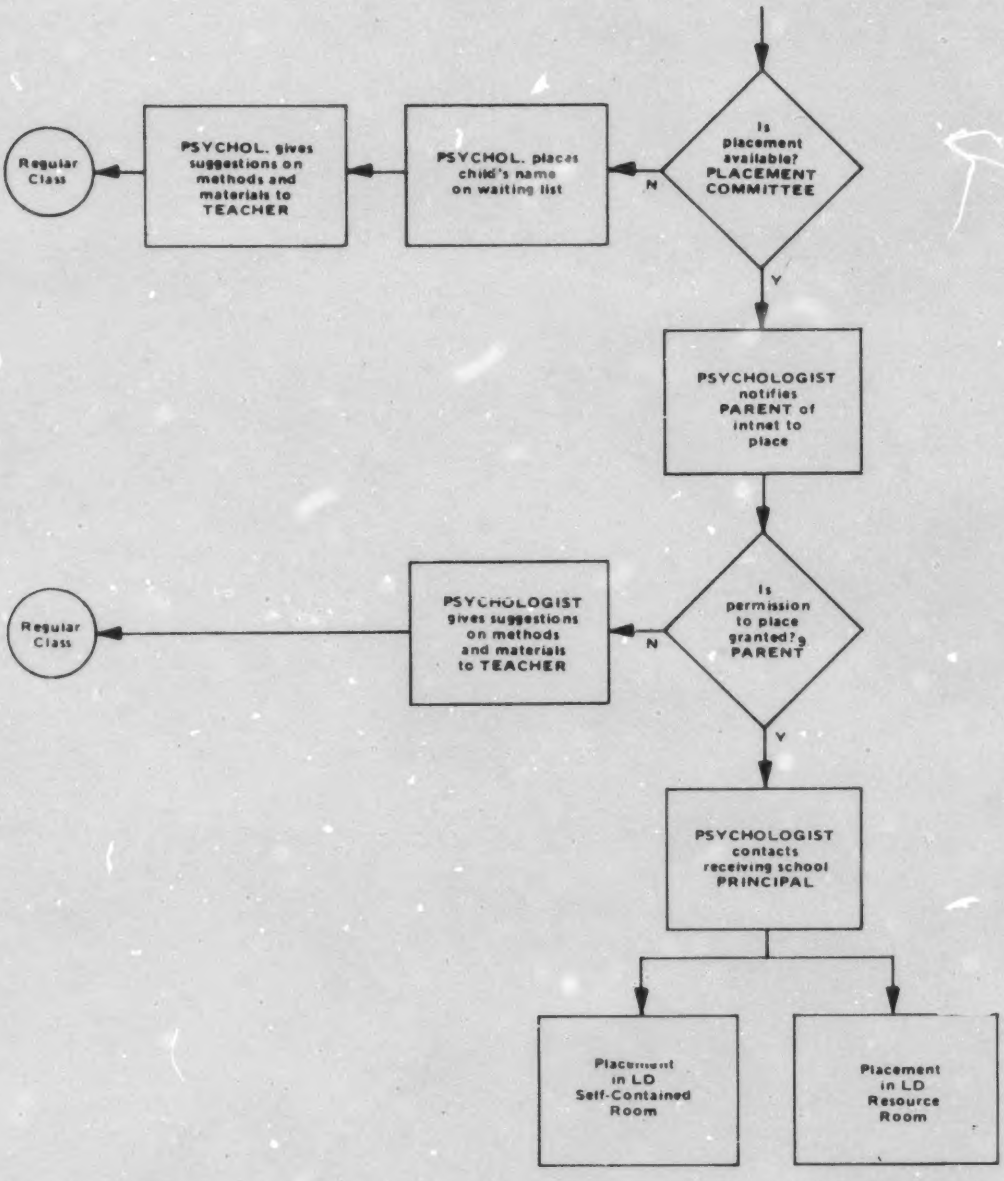

Regular Class
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is child suspected of LD? PARENT/ OTHER AGENT
N
Regular Class
Y
$
$
PARENT/ OTHER AGENT contacts PSYCHOLOGIST
PARENT/ OTHER AGENT contacts PRINCIPAL
PSYCHOLOGIST contacts PRINCIPAL
PRINCIPAL contacts TEACHER
TEACHER completes referral form and checklist
TEACHER gives referral form and checklist to PRINCIPAL


PRINCIPAL confers with TEACHER about referral
Is observation by principal necessary? PRINC.
Y
N
PRINCIPAL observes child
Is solution available within school?1 PRINC; TEACHER
Y
N
Is service from other school personnel2 needed? PRINC; TEACHER
Y
N
PRINCIPAL executes appropriate referral
PRINCIPAL; TEACHER develop suggestions on methods and materials Regular Class
Regular Class
S
S
PRINCIPAL notifies PARENT of intent to test (conference)3
Is permission to test granted? PARENT
Y
N
Is other placement available in school? PRINCIPAL
Y
N
Is this alternative acceptable? PARENT
Y
N
PRINCIPAL executes appropriate referral
PRINCIPAL; TEACHER develop suggestions on methods and materials Regular Class
Regular Class
PRINCIPAL sends referral form, checklist, and parent forms4 to PSYCHOLOGIST


Is there a record of previous testing? PSYCHOL.
Y
N
Is it necessary to retest child? S PSYCHOL.
N
Regular Class
Y
S
PSYCHOLOGIST administers appropriate tests S
Is medical, sensory, neurological exam needed? PSYCHOL.
Y
N
C, Ch, Cv
PSYCHOLOGIST notifies PARENT of intent to test
Is permission to test granted? PARENT
N
Y
PSYCHOLOGIST refers child for appropriate tests to OTHER AGENTS
OTHER AGENTS send examination results to PSYCHOLOGIST


PSYCHOLOGIST completes summary of test results
Is child LD? PSYCHOL.
N
Y
C, I, al, p, pl
What is child eligible for? PSYCHOL.
C, I
PSYCHOLOGIST completes Pupil Data Sheet with this recommendation
PSYCHOLOGIST sends test results and Pupil Data Sheet to SCREENING COMMITTEE
SCREENING COMMITTEE holds conference to determine child's eligibility
Is available information and testing adequate? SCREENING COMMITTEE
N
Y
SCREENING COMMITTEE requests necessary information and/or testing from PSYCHOL.


PSYCHOLOGIST supplies requested information and/or testing to SCREENING COMMITTEE
Is child LD? SCREENING COMMITTEE
N
Y
C, I, P, Pl, Al
What is child eligible for? SCREENING COMMITTEE
C, I
Is PSYCHOL. recommendation the same? SCREENING COMMITTEE
N
Y
Is PSYCHOL. recommendation for LD? SCREENING COMMITTEE
N
Y
SCREENING COMMITTEE returns Pupil Data Sheet for correction to PSYCHOL.
PSYCHOLOGIST makes correction and returns Sheet to SCREENING COMMITTEE
SCREENING COMMITTEE notifies PLACEMENT COMMITTEE
PLACEMENT COMMITTEE holds conference to determine placement
Where should child be placed? PLACEMENT COMMITTEE


Is placement available? PLACEMENT COMMITTEE
N
PSYCHOL. places child's name on waiting list
PSYCHOL. gives suggestions on methods and materials to TEACHER
Regular Class
Y
PSYCHOLOGIST notifies PARENT of intnet to place
Is permission to place granted? PARENT
N
PSYCHOLOGIST gives suggestions on methods and materials to TEACHER
Regular Class
Y
PSYCHOLOGIST contacts receiving school PRINCIPAL
Placement in LD Self-Contained Room
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: R

2. Delivery System for Intervention: LD Resource Room (Grades 1-7)
   LD Self-Contained Room

3. Initial Entry: Referral (Teacher/Parent/other Agents)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Parent
   Other Agent
   Teacher
   Principal
   Psychologist
   Screening Committee (This committee serves on a regional basis and is set up by the State Department Office of Special Education. Members of the committee are not known).

   b) Constraining decisions: Principal
   Parent
   Psychologist
   Screening Committee (This committee serves on a regional basis and is set up by the State Department Office of Special Education. Members of the committee are not known).

   Placement Committee (The Placement Committee is the Special Education Department of the local district. Who specifically serves on this Committee, other than the Psychologist, is unknown).

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. This is considered a very important question in this project because it serves to greatly reduce the number of referrals sent on to the project psychologist for testing. It should be noted that the question is practical rather than rhetorical, since there are considerable resources available within the school, including a remedial reading program, a language development program, and Title I Resource Teachers. The project director states: "This is one reason we decided to do it this way, because earlier we had just been taking referrals and we had too many referrals, and they just weren't very well thought through."

2. This would generally involve special education personnel, but might conceivably include the counselor or social worker.

3. Principal, teacher, and parent attend conference, and also a special education person if one is available in school building.

4. Parent forms include a permission-to-test form and a family information form.

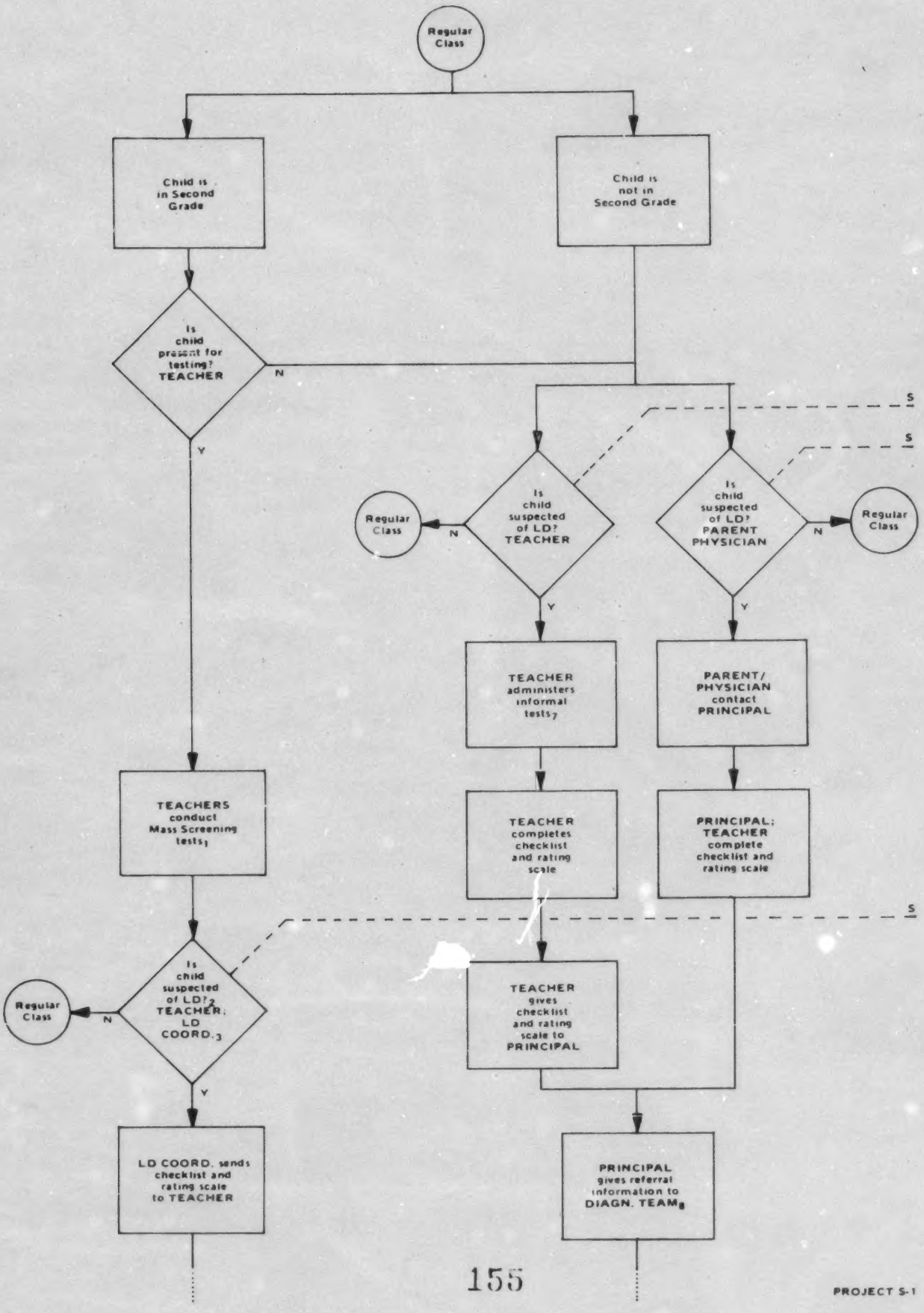
5. If test scores are old, psychologist may decide that new testing is needed. On the other hand, this may be a child who was previously tested and found to be EMR and whose parents refused to place him there, searching instead for a different program.

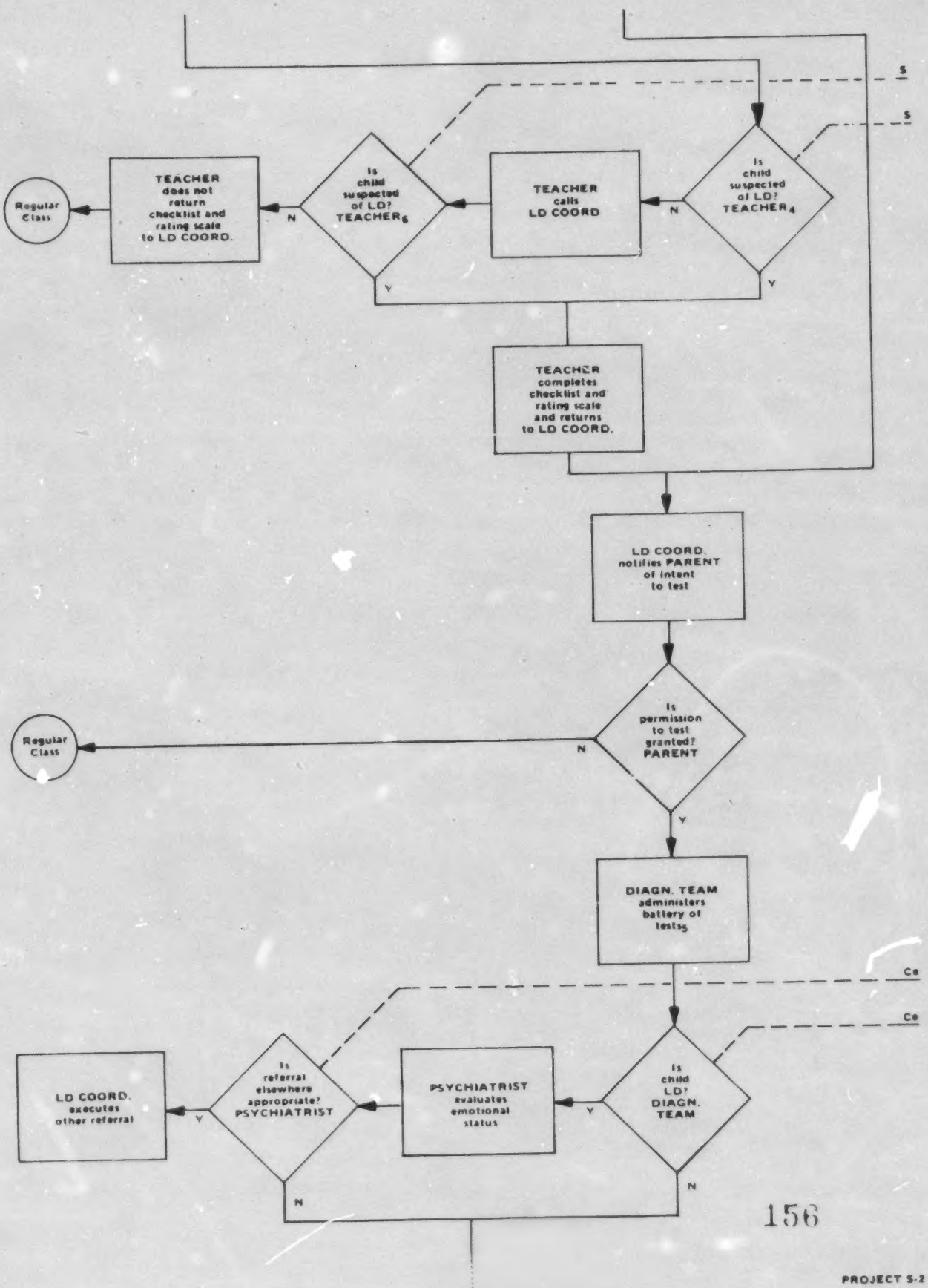
6. Required tests: WISC, WRAT, Bender, Draw-A-Person.
   Optional tests: ITPA, Vallett's Psychoeducational Inventory of Basic Learning Abilities, Gray Oral Reading Test, Frostig, Wepman.
   In addition, the decision may be made to get additional background information from parent (developmental history).

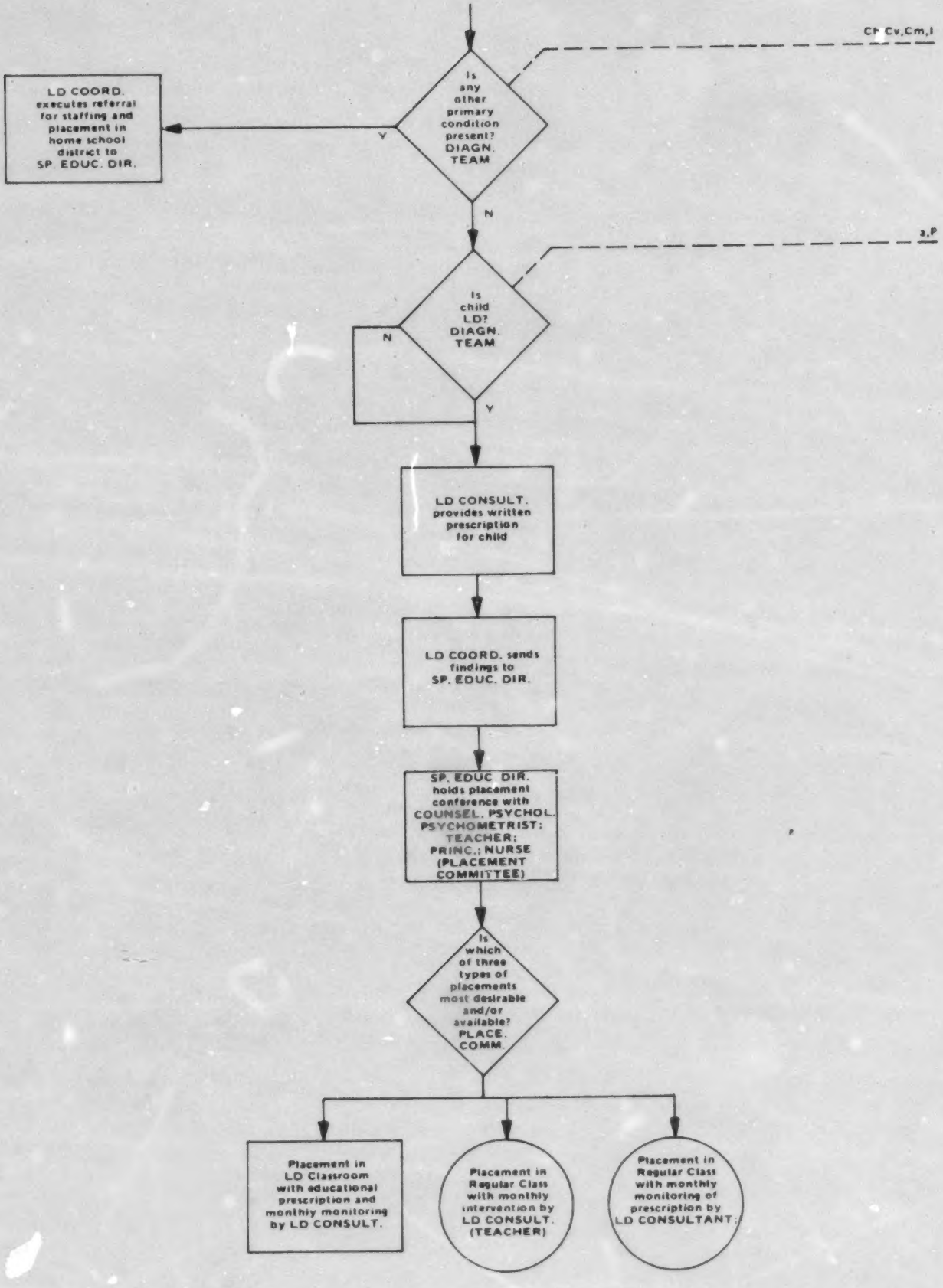
7. This committee serves on a regional basis and is set up by the State Department Office of Special Education. Members of the committee are not known. The role of this committee is simply to confirm or reject the psychologist's decision. The final decision as to eligibility rests with this committee.

8. The Placement Committee is the Special Education Department of the local district. Who specifically serves on this committee, other than the Psychologist, is unknown. The single role of the Committee is to find and arrange placement for eligible children (whatever the eligibility).

9. A reason for refusal might be transportation problems, if the child is to be placed in another school.


Regular Class
Child is in Second Grade
Child is not in Second Grade
Is child present for testing? TEACHER
N
Y
S
S
Is child suspected of LD? TEACHER
Regular Class
N
Y
Is child suspected of LD? PARENT PHYSICIAN
N
Regular Class
Y
TEACHER administers informal tests7
PARENT/ PHYSICIAN contact PRINCIPAL
TEACHERS conduct Mass Screening tests1
TEACHER completes checklist and rating scale
PRINCIPAL; TEACHER complete checklist and rating scale
S
Is child suspected of LD?2 TEACHER; LD COORD.3
Regular Class
N
Y
TEACHER gives checklist and rating scale to PRINCIPAL
LD COORD. sends checklist and rating scale to TEACHER
PRINCIPAL gives referral information to DIAGN. TEAM8


S
S
Regular Class
TEACHER does not return checklist and rating scale to LD COORD.
N
Is child suspected of LD? TEACHER6
TEACHER calls LD COORD
N
Is child suspected of LD? TEACHER4
Y
Y
TEACHER completes checklist and rating scale and returns to LD COORD.
LD COORD. notifies PARENT of intent to test
Regular Class
N
Is permission to test granted? PARENT
Y
DIAGN. TEAM administers battery of tests5
Co
Co
LD COORD. executes other referral
Y
Is referral elsewhere appropriate? PSYCHIATRIST
PSYCHIATRIST evaluates emotional status
Y
Is child LD? DIAGN. TEAM
N
N


Cr Cv,Cm,I
Is any other primary condition present? DIAGN. TEAM
Y
LD COORD. executes referral for staffing and placement in home school district to SP. EDUC. DIR.
N
a,P
Is child LD? DIAGN. TEAM
N
Y
LD CONSULT. provides written prescription for child
LD COORD. sends findings to SP. EDUC. DIR.
SP. EDUC. DIR. holds placement conference with COUNSEL. PSYCHOL. PSYCHOMETRIST; TEACHER; PRINC.; NURSE (PLACEMENT COMMITTEE)
Is which of three types of placements most desirable and/or available? PLACE. COMM.
Placement in LD Classroom with educational prescription and monthly monitoring by LD CONSULT.
Placement in Regular Class with monthly intervention by LD CONSULT. (TEACHER)
Placement in Regular Class with monthly monitoring of prescription by LD CONSULTANT;

I. GENERAL INFORMATION

1. Project Code Letter: S

2. Delivery System for Intervention: LD Consultative (Grades K-6)

3. Initial Entry: Mass Screening (Analysis of Learning Potential and Metropolitan Achievement)

   Referral (Teacher/Parent/Physician)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher, LD Coordinator, Parent, Physician, Diagnostic Team (Counseling Psychologist, Psychometrist, Educational Specialist, LD Consultant, Psychiatrist)

   b) Constraining decisions: Teacher, Parent, Placement Committee (Special Education Director, Counseling Psychologist, Psychometrist, Teacher, Principal, Nurse)

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Mass Screening includes Analysis of Learning Potential Test; Metropolitan Achievement Tests; tests given a week apart.

2. Child is suspect if he has discrepancy in any score six months below expectancy.

3. LD Coordinator is Title VI-G Project local Director; the decision here is solely based on test results given by Teacher to LD Coordinator.

4. This decision really says "Does the teacher agree with the findings of suspected LD?"

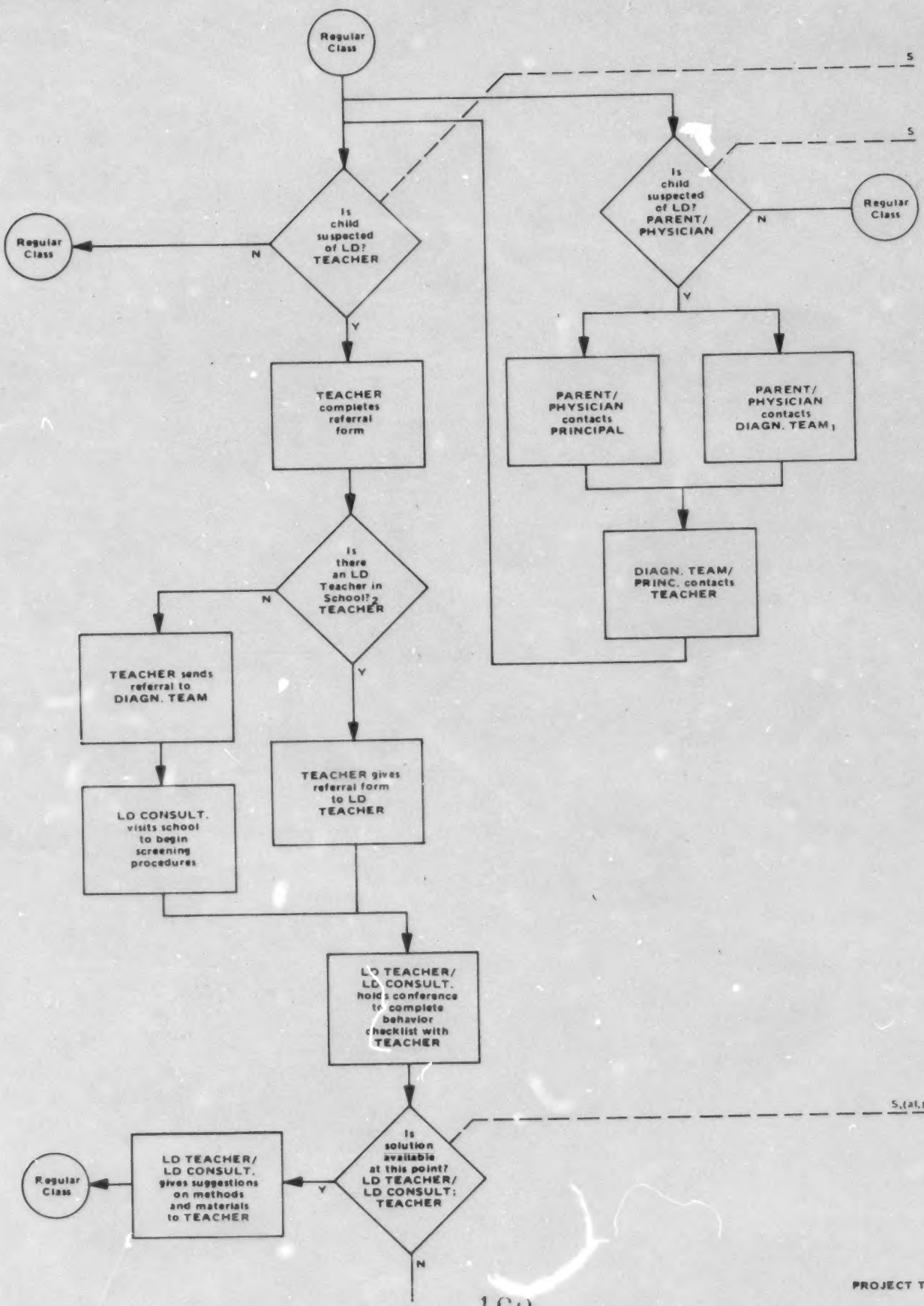
5. Diagnostic battery includes WISC, Draw-A-Person, PPVT, Purdue, ITPA, CAT, California Personality, Sentence Completion, Telebinocular, Frostig, Bender, Audiometric Test, Memory-for-Design.

6. The phone call is for the purpose of the teacher verifying the hi-risk rating from testing; if the teacher is still not in agreement that the child is hi-risk, after talking to the LD Coordinator, the child is not continued in the identification process.

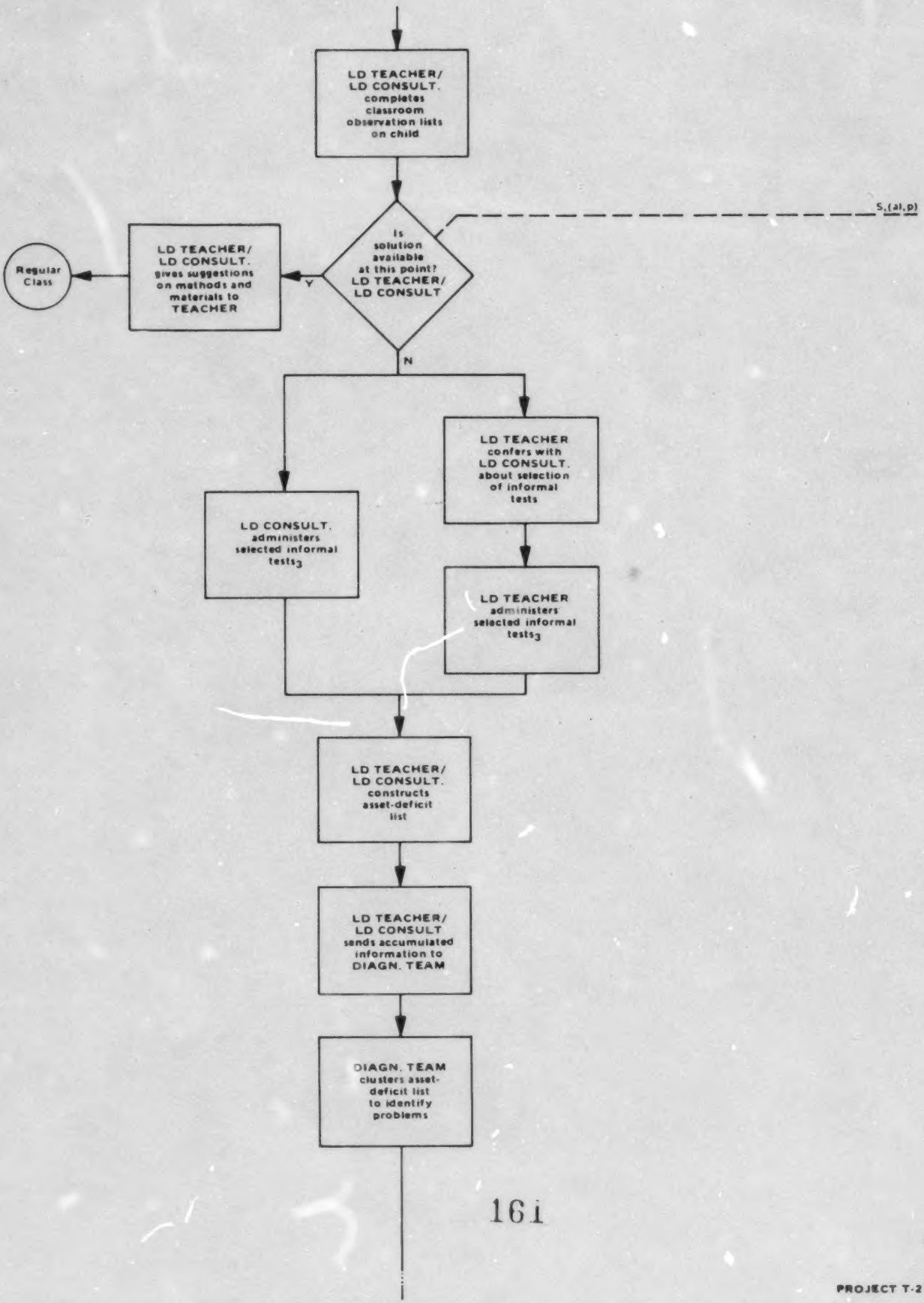
7. These "informed" tests are taught in in-service and vary considerably - may include tests like VMI, Wepman, etc.

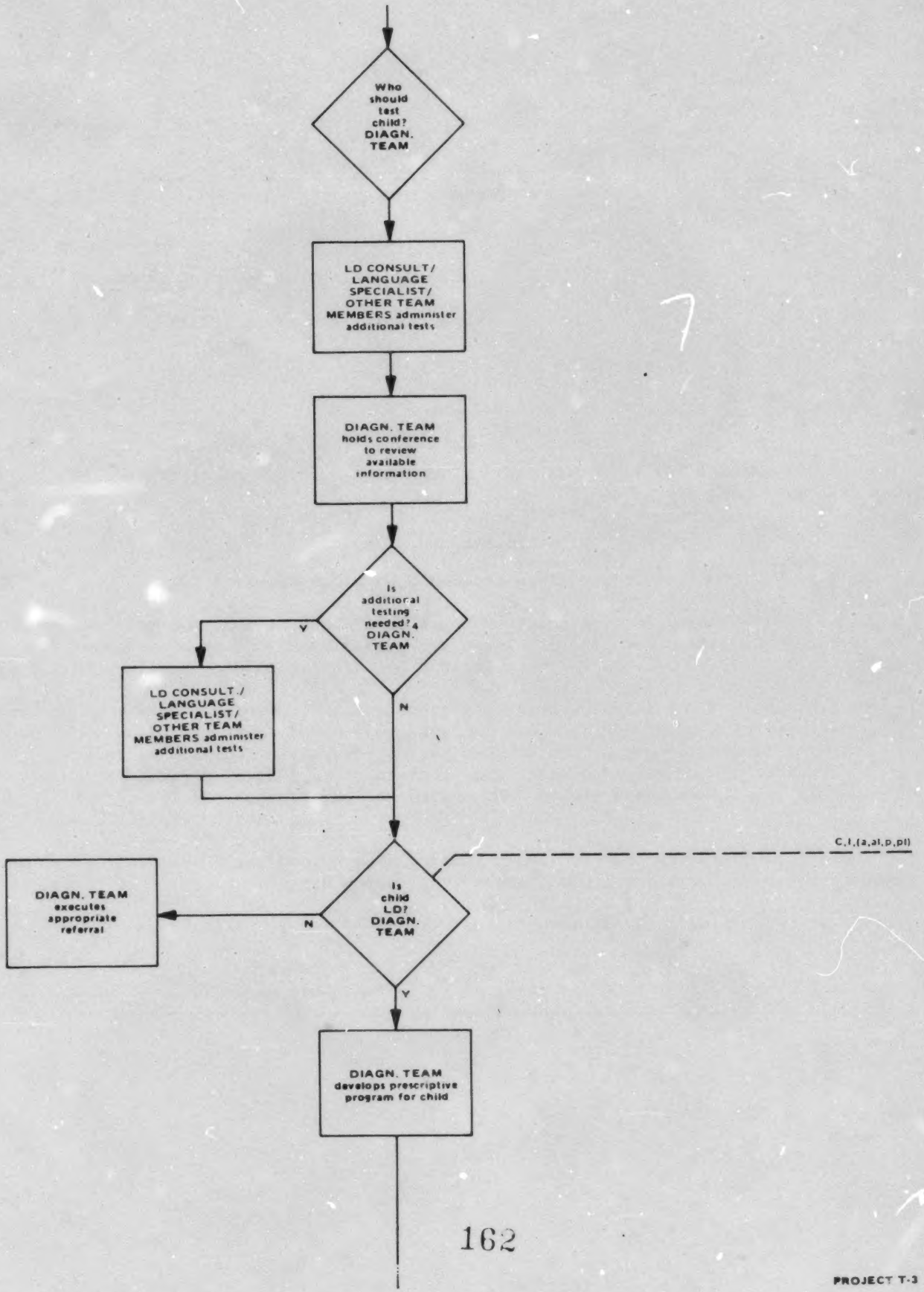
8. Diagnostic Team includes Counseling Psychologist, Psychometrist,

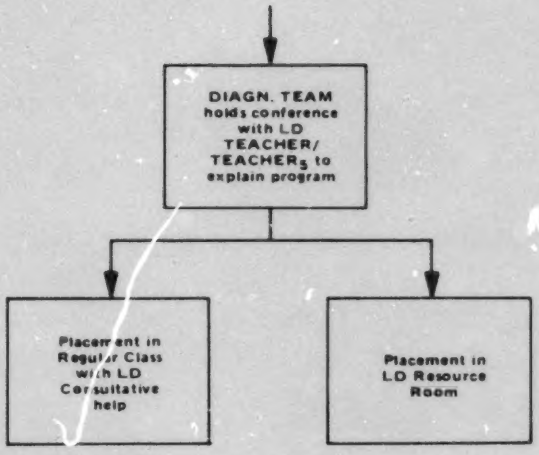
Educational Specialist (Communication; Media, Materials, Methods Specialist (M & M). We will refer to the latter as the LD Consultant. A Psychiatrist also sits in on appropriate cases.


Regular Class
S
S
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is child suspected of LD? PARENT/ PHYSICIAN
N
Regular Class
Y
TEACHER completes referral form
PARENT/ PHYSICIAN contacts PRINCIPAL
PARENT/ PHYSICIAN contacts DIAGN. TEAM1
DIAGN. TEAM/ PRINC. contacts TEACHER
Is there an LD Teacher in School?2 TEACHER
N
Y
TEACHER sends referral to DIAGN. TEAM
TEACHER gives referral form to LD TEACHER
LD CONSULT. visits school to begin screening procedures
LD TEACHER/ LD CONSULT. holds conference to complete behavior checklist with TEACHER
S,(a),(p)
Is solution available at this point? LD TEACHER/ LD CONSULT; TEACHER
Y
N
LD TEACHER/ LD CONSULT. gives suggestions on methods and materials to TEACHER
Regular Class

PROJECT T-1


LD TEACHER/ LD CONSULT. completes classroom observation lists on child
S,(al,p)
Is solution available at this point? LD TEACHER/ LD CONSULT
Y
LD TEACHER/ LD CONSULT. gives suggestions on methods and materials to TEACHER
Regular Class
N
LD TEACHER confers with LD CONSULT. about selection of informal tests
LD CONSULT. administers selected informal tests3
LD TEACHER administers selected informal tests3
LD TEACHER/ LD CONSULT. constructs asset-deficit list
LD TEACHER/ LD CONSULT sends accumulated information to DIAGN. TEAM
DIAGN. TEAM clusters asset-deficit list to identify problems


Who should test child? DIAGN. TEAM
LD CONSULT/ LANGUAGE SPECIALIST/ OTHER TEAM MEMBERS administer additional tests
DIAGN. TEAM holds conference to review available information
Is additional testing needed? DIAGN. TEAM
Y
N
LD CONSULT./ LANGUAGE SPECIALIST/ OTHER TEAM MEMBERS administer additional tests
C,I,(a,al,p,pl)
Is child LD? DIAGN. TEAM
N
DIAGN. TEAM executes appropriate referral
Y
DIAGN. TEAM develops prescriptive program for child


DIAGN. TEAM holds conference with LD TEACHER/ TEACHERS to explain program
Placement in Regular Class with LD Consultative help
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: T

2. Delivery System for Intervention: LD Consultative (Grades K-6)
   LD Resource Room

3. Initial Entry: Referral (Teacher/Parent/Physician)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Parent
   Physician
   LD Teacher
   LD Consultant
   Diagnostic Team

   b) Constraining decisions: Diagnostic Team (Language Specialist, Psychologist, LD Consultant and others not known)

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

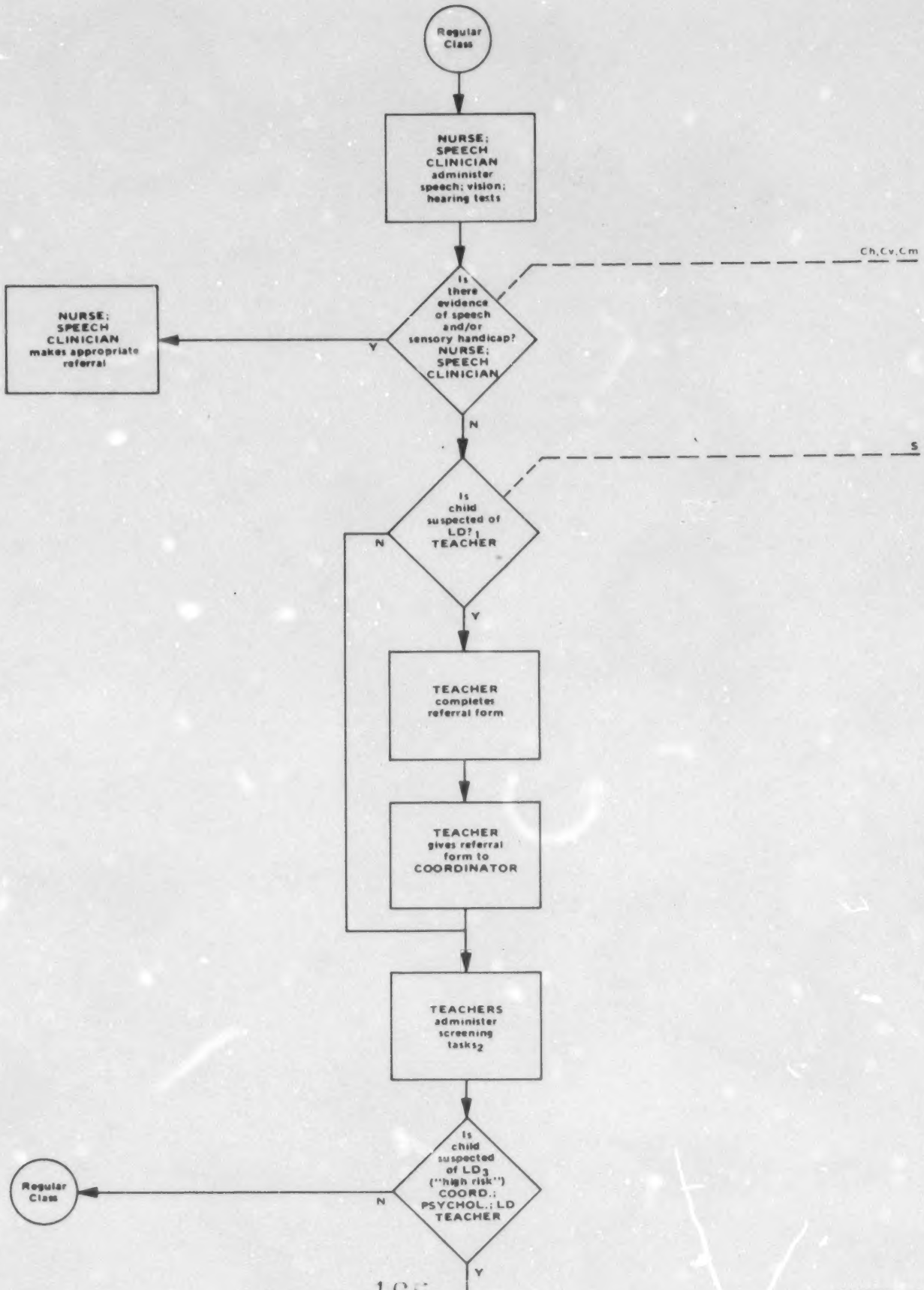
1. The team operates in an outside agency serving several school districts for assessment and consultative purposes. It includes a Language Specialist, Psychologist, LD Consultant and others.

2. The standard procedure is for teacher to give referral to LD Teacher in her building. This person completes preliminary screening before sending child to Diagnostic Center. On the other hand, in schools where there is no on-site LD Teachers, the teacher must refer directly to the center. In this case, the Center's LD Consultant must assume responsibility for the preliminary screening.

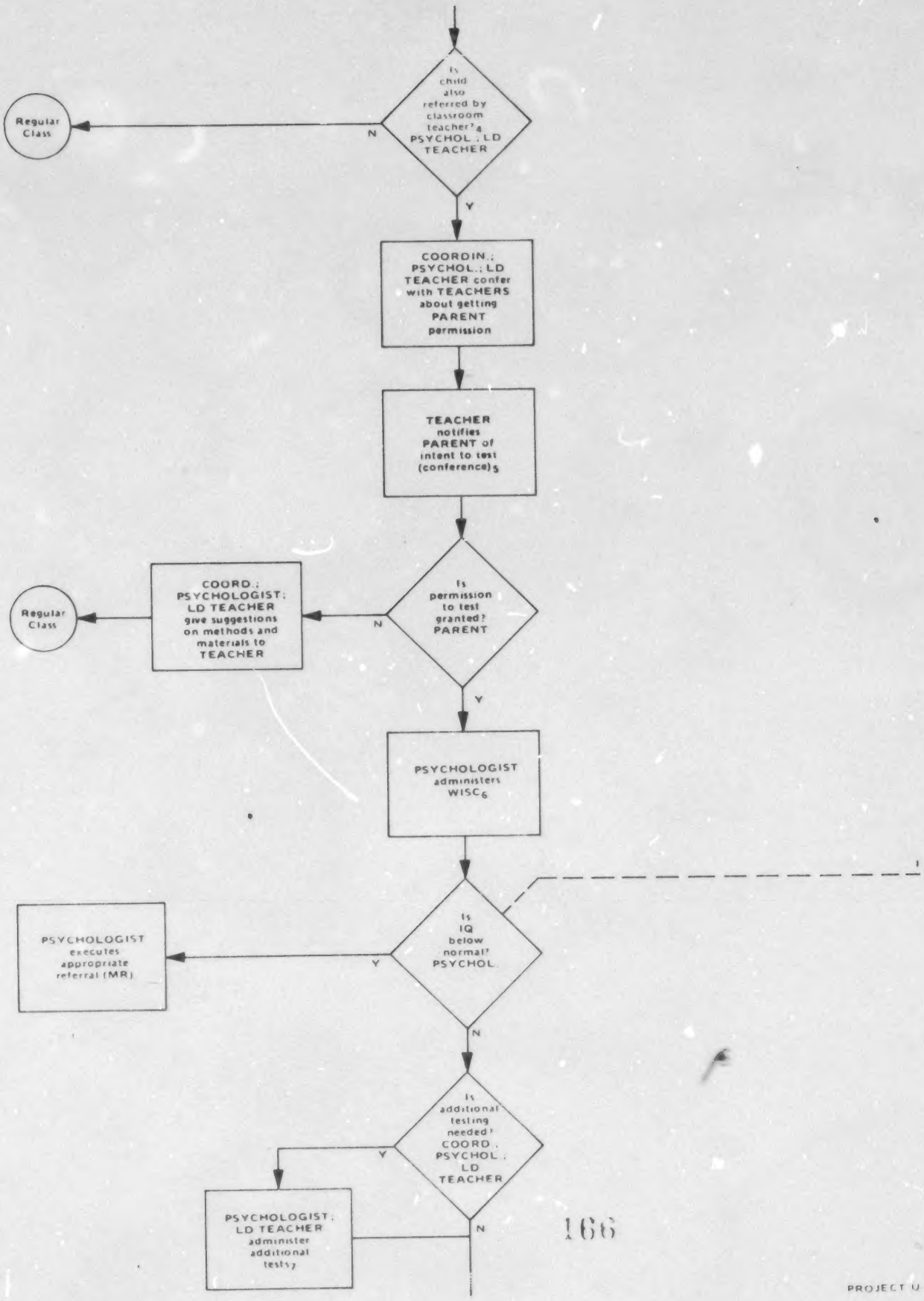
3. This may take place over a week's time. Tests may include Best Test, PIAT, Detroit, Peabody Picture Vocabulary, Wepman, and diagnostic teaching sessions.

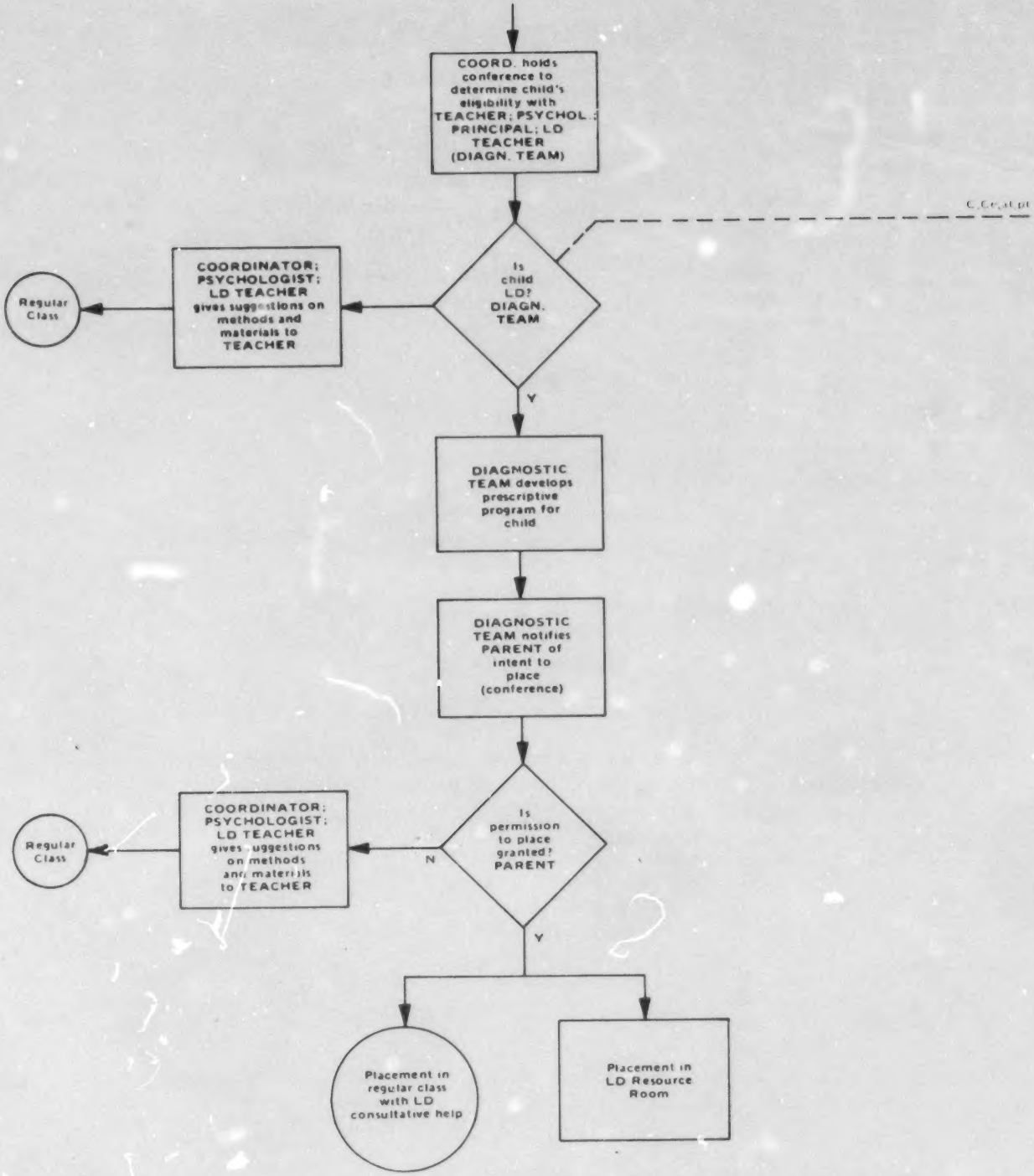
4. This may involve further diagnostic teaching or formal testing (psychological, educational).

5. This, of course, depends on whether there is an LD Teacher in the school. If so, the Team works through that person and not directly with the regular teacher.


Regular Class
NURSE; SPEECH CLINICIAN administer speech; vision; hearing tests
Ch,Cv,Cm
Is there evidence of speech and/or sensory handicap? NURSE; SPEECH CLINICIAN
Y
NURSE; SPEECH CLINICIAN makes appropriate referral
N
S
Is child suspected of LD?1 TEACHER
N
Y
TEACHER completes referral form
TEACHER gives referral form to COORDINATOR
TEACHERS administer screening tasks2
Is child suspected of LD3 ("high risk") COORD.; PSYCHOL.; LD TEACHER
Regular Class
N
Y

PROJECT U 1


Is child also referred by classroom teacher?4 PSYCHOL.; LD TEACHER
N
Regular Class
Y
COORDIN.; PSYCHOL.; LD TEACHER confer with TEACHERS about getting PARENT permission
TEACHER notifies PARENT of intent to test (conference)5
Is permission to test granted? PARENT
N
COORD.; PSYCHOLOGIST; LD TEACHER give suggestions on methods and materials to TEACHER
Regular Class
Y
PSYCHOLOGIST administers WISC6
Is IQ below normal? PSYCHOL.
Y
PSYCHOLOGIST executes appropriate referral (MR)
N
Is additional testing needed? COORD., PSYCHOL., LD TEACHER
Y
PSYCHOLOGIST; LD TEACHER administer additional tests7
N


COORD. holds conference to determine child's eligibility with TEACHER; PSYCHOL.; PRINCIPAL; LD TEACHER (DIAGN. TEAM)
Is child LD? DIAGN. TEAM
COORDINATOR; PSYCHOLOGIST; LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class
Y
DIAGNOSTIC TEAM develops prescriptive program for child
DIAGNOSTIC TEAM notifies PARENT of intent to place (conference)
Is permission to place granted? PARENT
N
COORDINATOR; PSYCHOLOGIST; LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class
Y
Placement in regular class with LD consultative help
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: U

2. Delivery System for Intervention: LD Resource Room (Grades K-12)
   LD Consultative

3. Initial Entry: Mass Screening (modified Kunzelman Screening Tests)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Speech Clinician
   Nurse
   Teacher
   Coordinator
   Psychologist
   LD Teacher
   Diagnostic Team (Coordinator, Psychologist, LD Teach
   Principal, Teacher)

   b) Constraining decisions: Coordinator
   Psychologist
   LD Teacher
   Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Teachers can refer at any time. However, the referral is only considered for the project if the child is also identified as high risk in the mass screening procedure. Thus, it is not shown as a possible first step.

2. The screening procedure used was an adaptation of the Kunzelman Screening Test, in which children did 6 tasks for one minute apiece each day for 10 days. In addition, the children did a word recognition task, an auditory discrimination task, and an auditory-memory task.

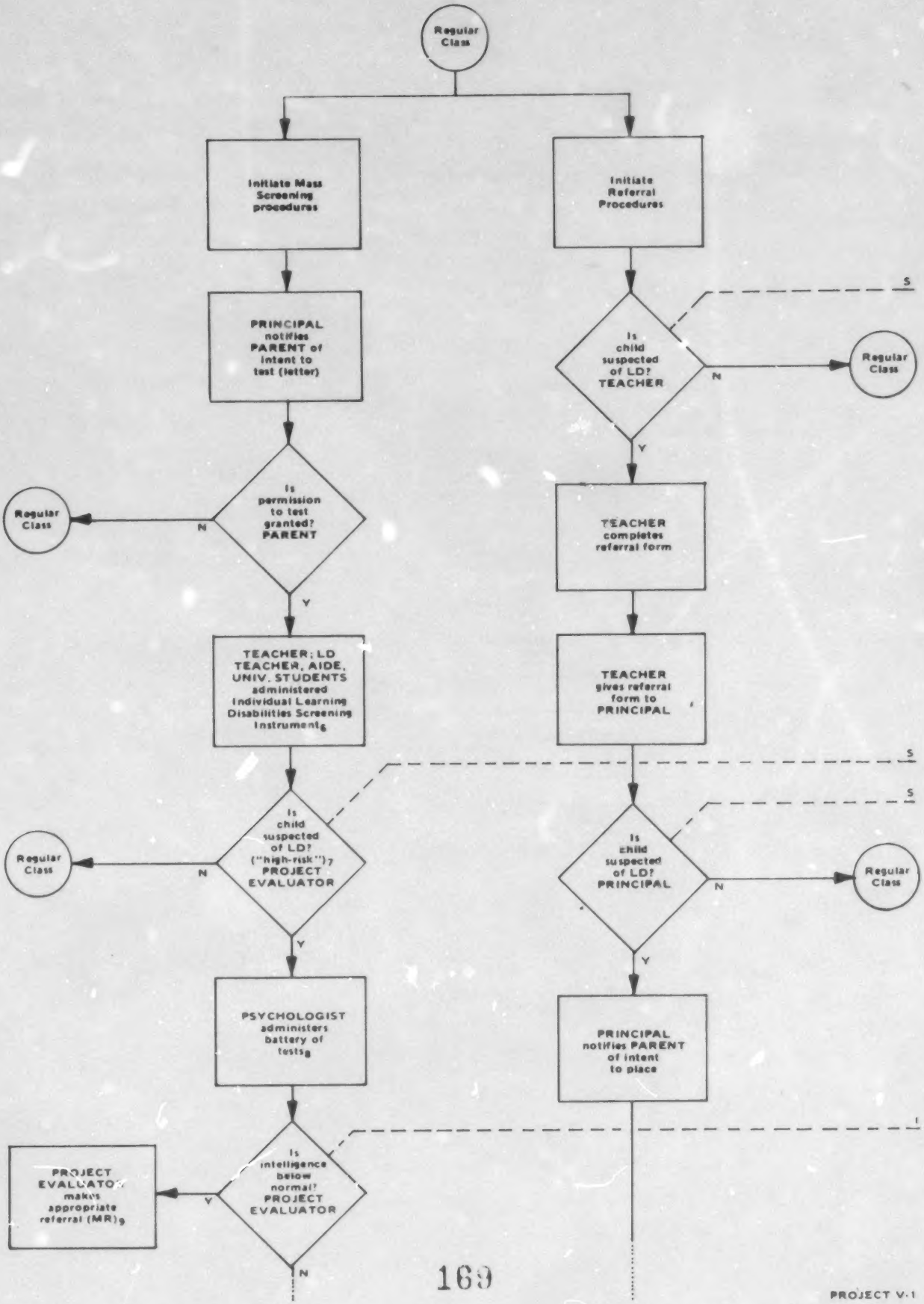
3. The criteria was flexible but basically children were selected who scored 50% below grade level (norm had been established) on 2 or more tasks.

4. The addition of this criteria further reduced the number of high-risk children, bringing that number to about 10% of the screened population, or about 3 children from each class.

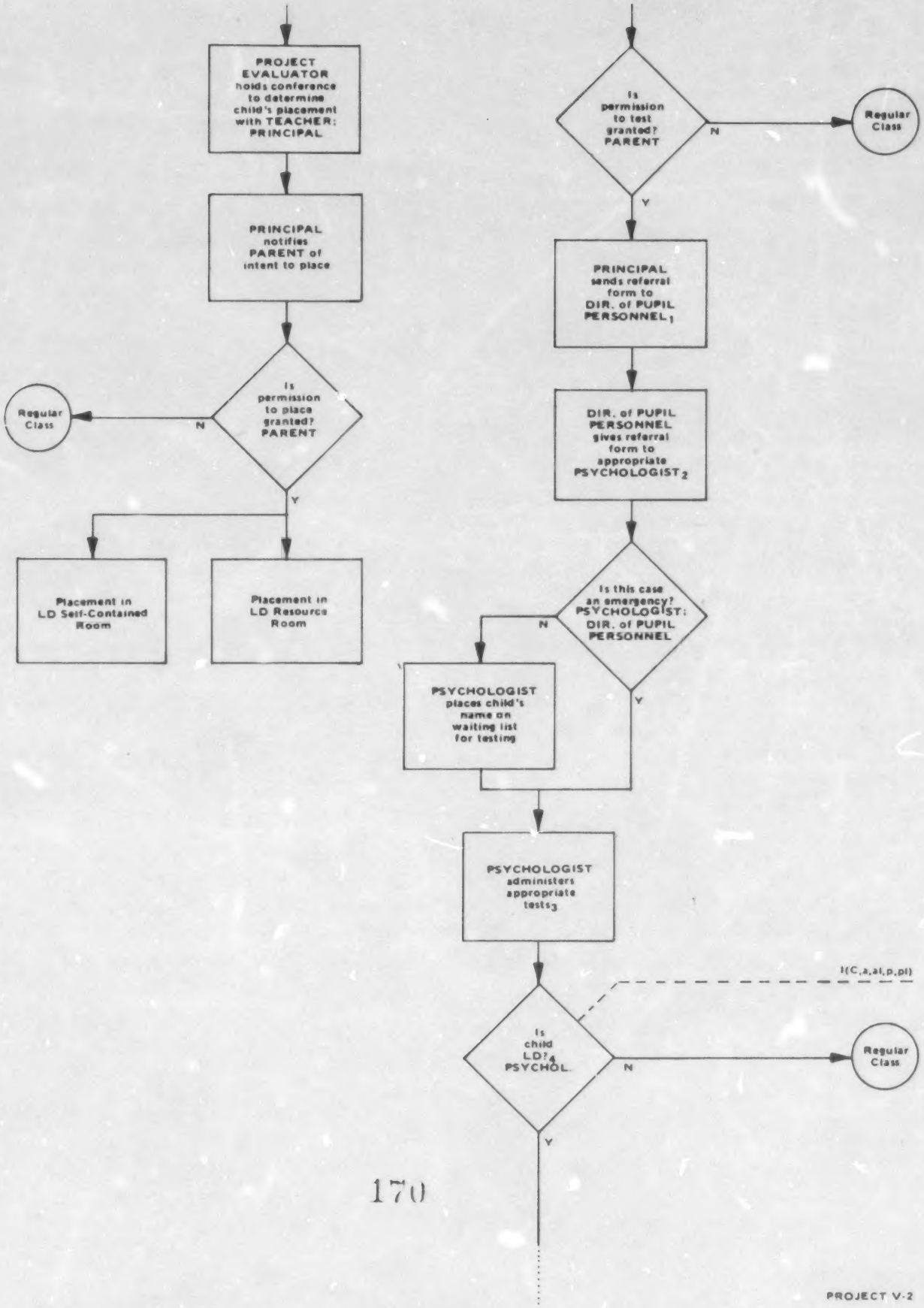
5. At the classroom teacher's request, Psychologist, LD Teacher, LD Coordinator, or Principal would attend.

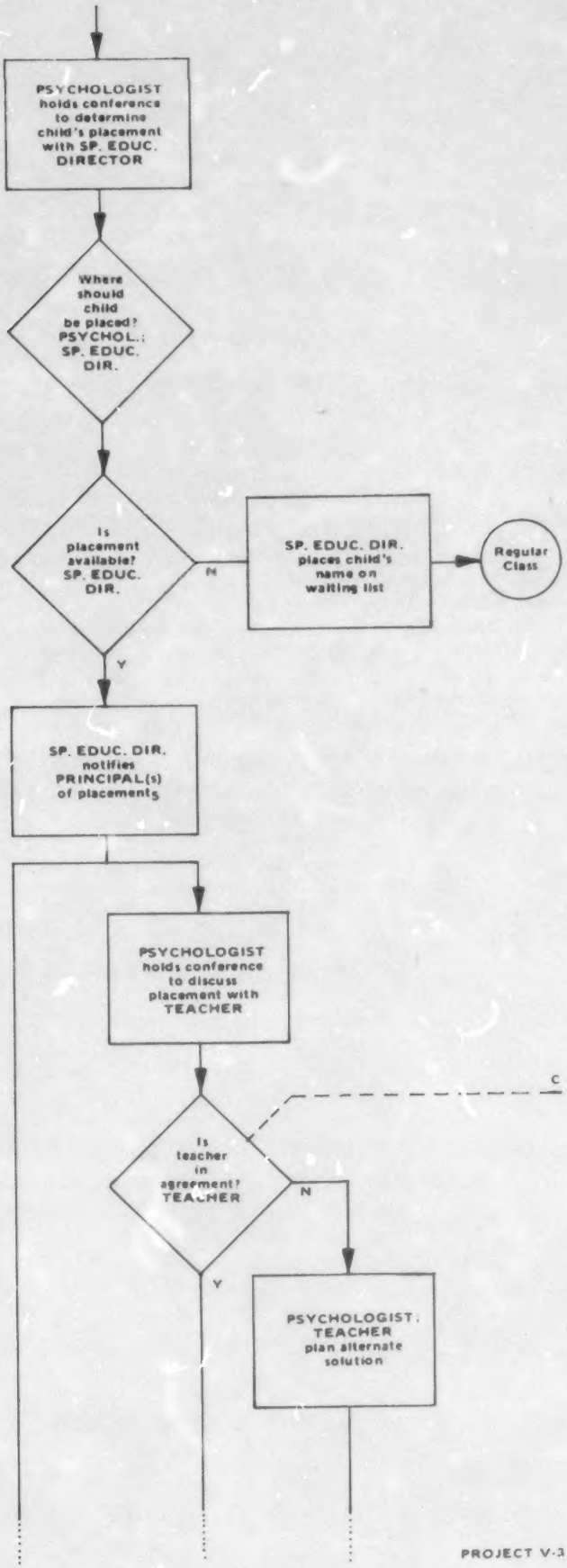
6. Testing was done in order of "teachers who screamed the loudest" or "children who seemed to be having the most difficulty." Testing all the children took 3 months.

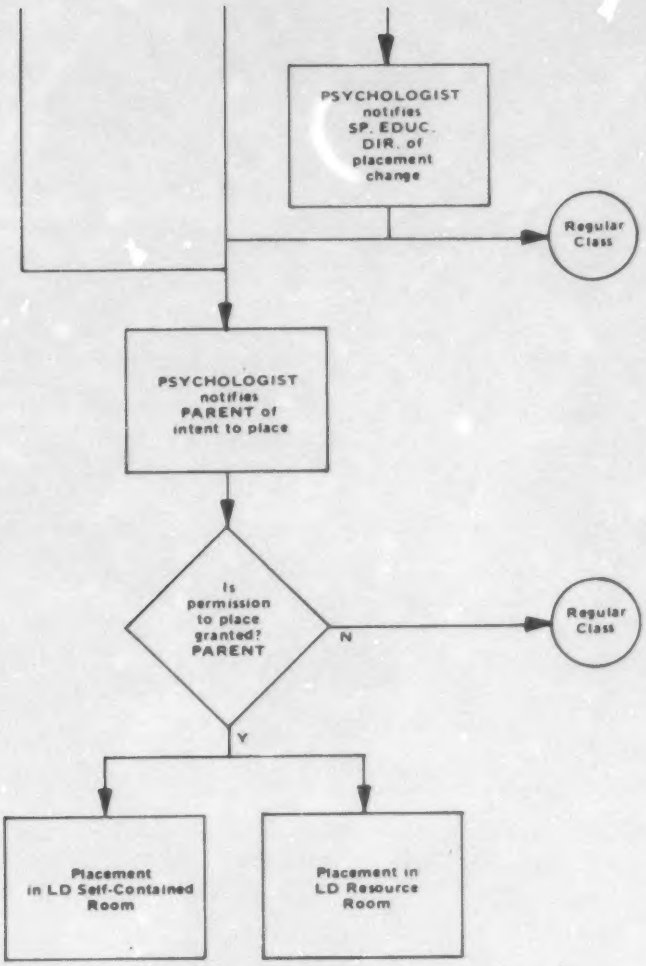
7. Possible tests include Bender, ITPA, WRAT, Wepman, Purdue Motor Survey, various academic tests, etc. The amount of testing depends on how quickly they discover what is wrong with the child.


Regular Class
Initiate Mass Screening procedures
Initiate Referral Procedures
PRINCIPAL notifies PARENT of intent to test (letter)
Is child suspected of LD? TEACHER
S
N
Regular Class
Y
Is permission to test granted? PARENT
Regular Class
N
Y
TEACHER completes referral form
TEACHER; LD TEACHER, AIDE, UNIV. STUDENTS administered Individual Learning Disabilities Screening Instrument(s)
TEACHER gives referral form to PRINCIPAL
S
S
Is child suspected of LD? ("high-risk")? PROJECT EVALUATOR
Regular Class
N
Y
Is child suspected of LD? PRINCIPAL
Regular Class
N
Y
PSYCHOLOGIST administers battery of tests(s)
PRINCIPAL notifies PARENT of intent to place
I
Is intelligence below normal? PROJECT EVALUATOR
PROJECT EVALUATOR makes appropriate referral (MR)s
Y
N

PROJECT V-1


PROJECT EVALUATOR holds conference to determine child's placement with TEACHER; PRINCIPAL
PRINCIPAL notifies PARENT of intent to place
Is permission to place granted? PARENT
N
Regular Class
Y
Placement in LD Self-Contained Room
Placement in LD Resource Room
Is permission to test granted? PARENT
N
Regular Class
Y
PRINCIPAL sends referral form to DIR. of PUPIL PERSONNEL1
DIR. of PUPIL PERSONNEL gives referral form to appropriate PSYCHOLOGIST2
Is this case an emergency? PSYCHOLOGIST; DIR. of PUPIL PERSONNEL
N
Y
PSYCHOLOGIST places child's name on waiting list for testing
PSYCHOLOGIST administers appropriate tests3
I(C,a,al,p,pl)
Is child LD? PSYCHOL.4
N
Regular Class
Y


PSYCHOLOGIST holds conference to determine child's placement with SP. EDUC. DIRECTOR
Where should child be placed? PSYCHOL.; SP. EDUC. DIR.
Is placement available? SP. EDUC. DIR.
N
SP. EDUC. DIR. places child's name on waiting list
Regular Class
Y
SP. EDUC. DIR. notifies PRINCIPAL(s) of placements
PSYCHOLOGIST holds conference to discuss placement with TEACHER
C
Is teacher in agreement? TEACHER
N
Y
PSYCHOLOGIST; TEACHER plan alternate solution


PSYCHOLOGIST notifies SP. EDUC. DIR. of placement change
Regular Class
PSYCHOLOGIST notifies PARENT of intent to place
Is permission to place granted? PARENT
N
Regular Class
Y
Placement in LD Self-Contained Room
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: V

2. Delivery System for Intervention: LD Resource Room (Grades K-3)
   LD Self-contained
   Mass Screening (Individual Learning Disabilities Screening Instrument)

3. Initial Entry: Referral (Teacher).

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher, Principal, Psychologist, Special Education Director, Project Evaluator

   b) Constraining decisions: Parent, Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. It was stated in the interview that the referral was sent to "guidance and counseling." We assume that the Director of Pupil Personnel functions as the administrator of that division.

2. Each Psychologist is responsible for several schools. The referral would go to the Psychologist who covers the child's school.

3. Specific tests are not known, but there is no standard battery; the specific tests chosen are the Psychologist's decision.

4. Criteria used to determine eligibility at this point are not known.

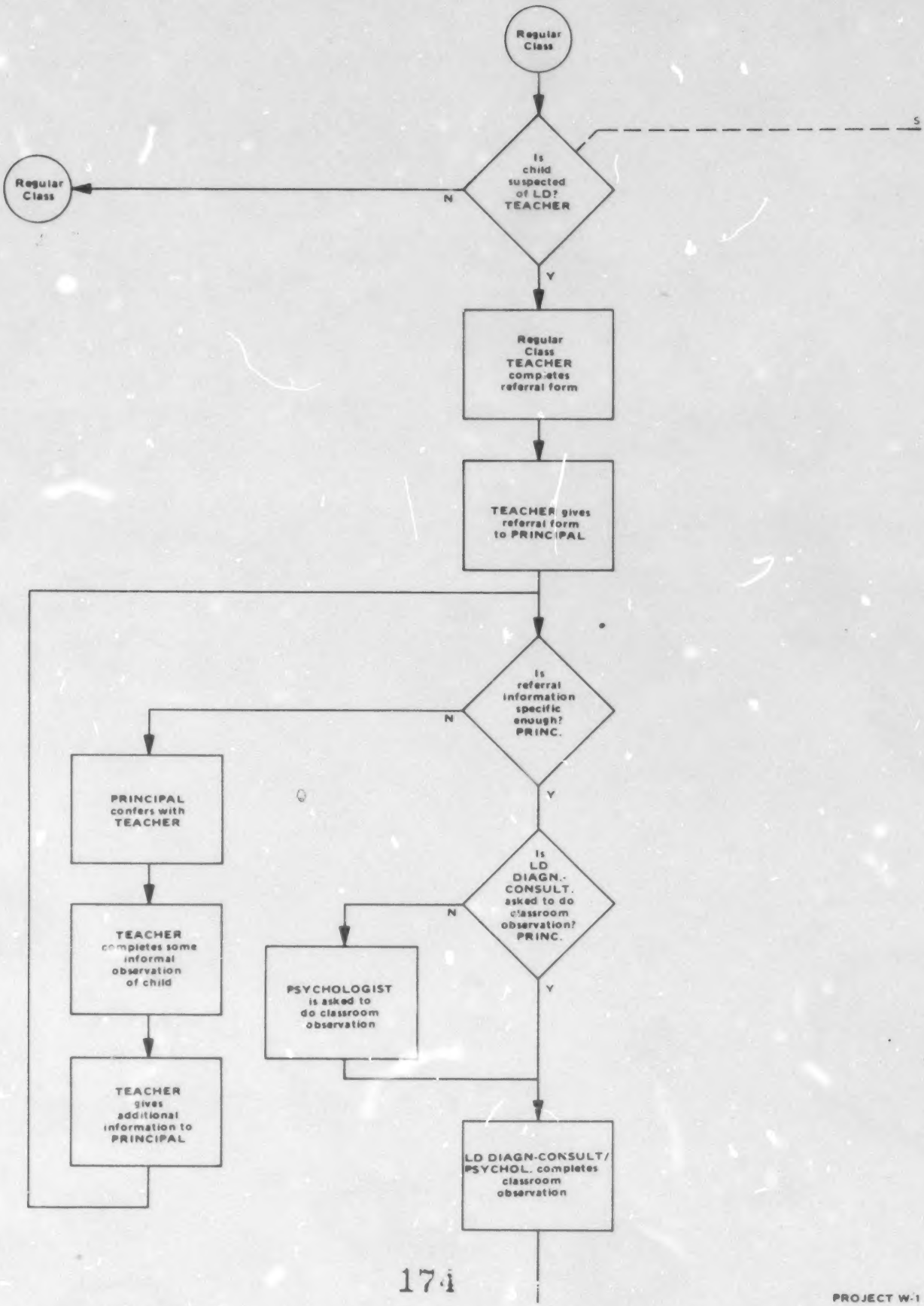
5. A child may be moved to another school, in which case both the sending and receiving Principal would be notified.

6. Copyright 1970 by Meier, Cazier, Giles, and published by Learning Pathways, Inc.

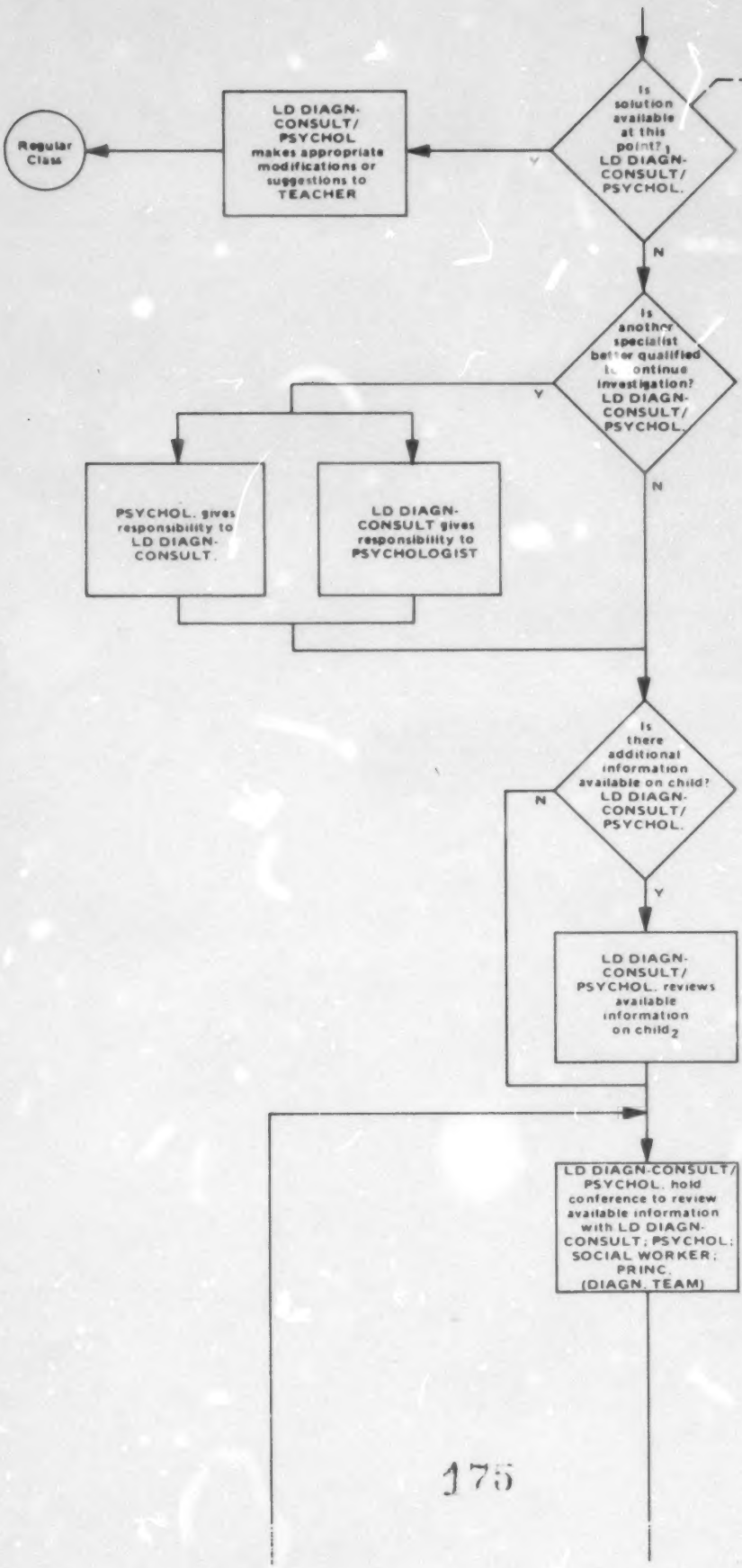
7. Evaluator followed cut-off score established by the instrument, with no apparent flexibility.

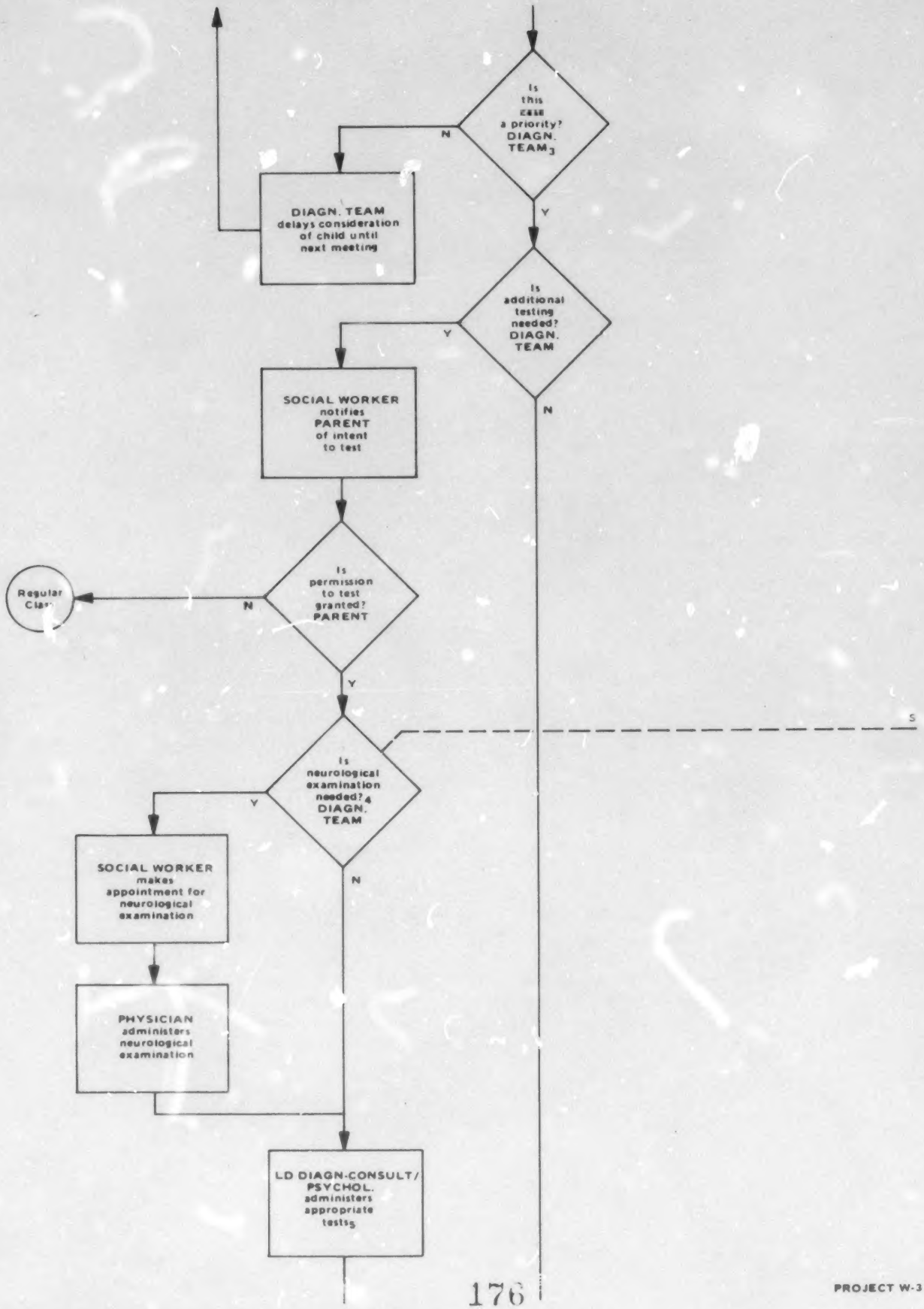
8. Psychologist gives WISC and ITPA, but other tests used are not known.

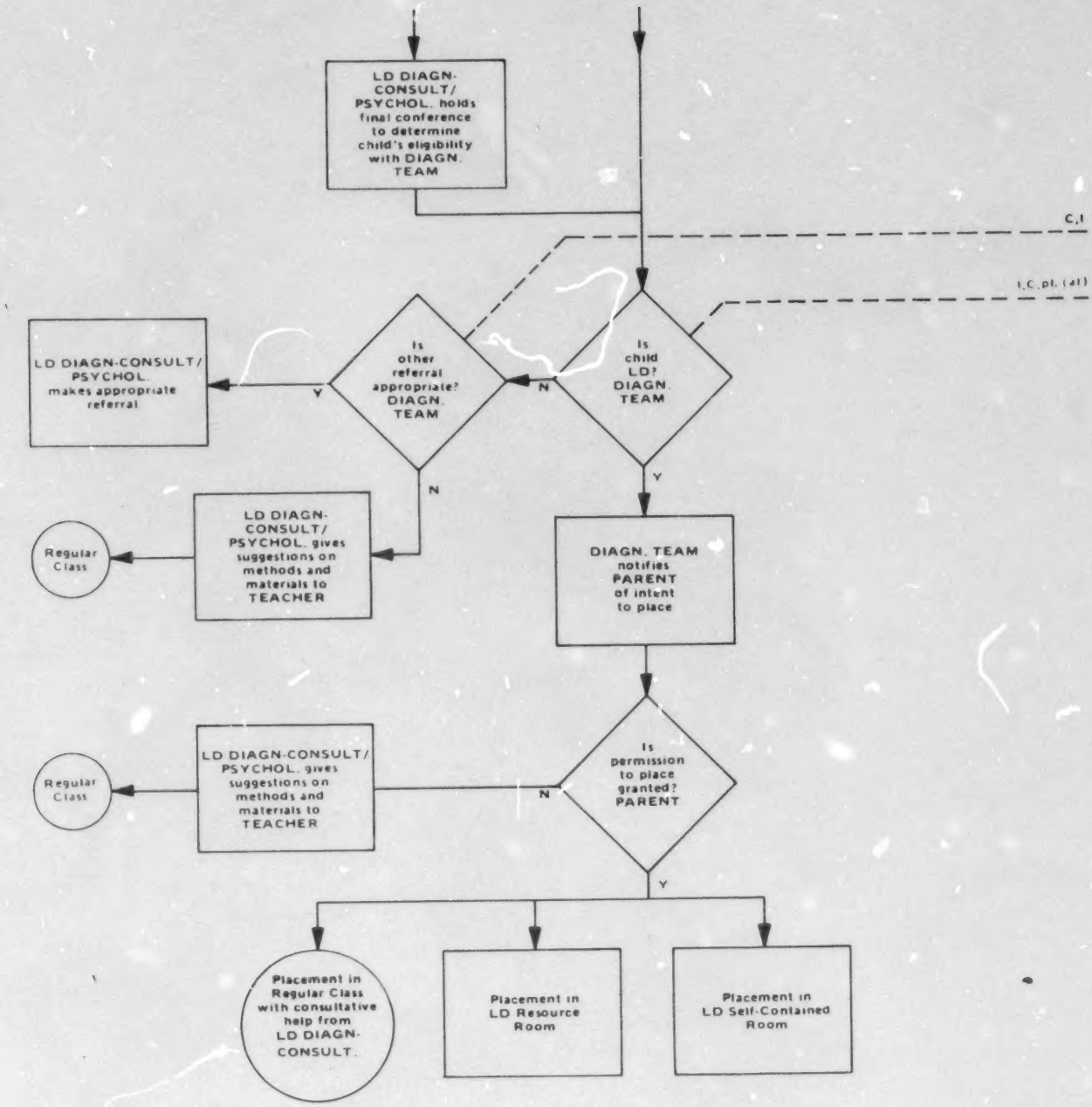
9. There were no referrals to MR this year, which probably reflects the skewed population of the district.


Regular Class
Is child suspected of LD? TEACHER
N
Regular Class
Y
Regular Class TEACHER completes referral form
TEACHER gives referral form to PRINCIPAL
Is referral information specific enough? PRINC.
N
PRINCIPAL confers with TEACHER
TEACHER completes some informal observation of child
TEACHER gives additional information to PRINCIPAL
Y
Is LD DIAGN.-CONSULT. asked to do classroom observation? PRINC.
N
PSYCHOLOGIST is asked to do classroom observation
Y
LD DIAGN-CONSULT/ PSYCHOL. completes classroom observation

PROJECT W-1


5
Is solution available at this point? LD DIAGN-CONSULT/ PSYCHOL.
Y
LD DIAGN-CONSULT/ PSYCHOL makes appropriate modifications or suggestions to TEACHER
Regular Class
N
Is another specialist better qualified to continue investigation? LD DIAGN-CONSULT/ PSYCHOL.
Y
PSYCHOL. gives responsibility to LD DIAGN-CONSULT.
LD DIAGN-CONSULT gives responsibility to PSYCHOLOGIST
N
Is there additional information available on child? LD DIAGN-CONSULT/ PSYCHOL.
N
Y
LD DIAGN-CONSULT/ PSYCHOL. reviews available information on child
LD DIAGN-CONSULT/ PSYCHOL. hold conference to review available information with LD DIAGN-CONSULT; PSYCHOL; SOCIAL WORKER; PRINC. (DIAGN. TEAM)


Is this case a priority? DIAGN. TEAM 3
N
Y
DIAGN. TEAM delays consideration of child until next meeting
Is additional testing needed? DIAGN. TEAM
Y
N
SOCIAL WORKER notifies PARENT of intent to test
Is permission to test granted? PARENT
N
Regular Class
Y
5
Is neurological examination needed? 4 DIAGN. TEAM
Y
N
SOCIAL WORKER makes appointment for neurological examination
PHYSICIAN administers neurological examination
LD DIAGN-CONSULT/ PSYCHOL. administers appropriate tests 5


LD DIAGN-CONSULT/ PSYCHOL. holds final conference to determine child's eligibility with DIAGN. TEAM
C,I
I,C,pl. (at)
Is child LD? DIAGN. TEAM
Y
N
Is other referral appropriate? DIAGN. TEAM
Y
N
LD DIAGN-CONSULT/ PSYCHOL. makes appropriate referral
LD DIAGN-CONSULT/ PSYCHOL. gives suggestions on methods and materials to TEACHER
Regular Class
DIAGN. TEAM notifies PARENT of intent to place
Is permission to place granted? PARENT
N
Y
LD DIAGN-CONSULT/ PSYCHOL. gives suggestions on methods and materials to TEACHER
Regular Class
Placement in Regular Class with consultative help from LD DIAGN-CONSULT.
Placement in LD Resource Room
Placement in LD Self-Contained Room

I. GENERAL INFORMATION

1. Project Code Letter: W

2. Delivery System for Intervention: LD Consultative; (Grades K-3)
   LD Resource Room; LD Self-Contained

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   LD Diagnostician-Consultant
   Psychologist
   Diagnostic Team (LD Diagnostic-Consultant; Psychologist, Social Worker, Principal)

   b) Contraining decisions: Principal
   LD Diagnostic-Consultant
   Psychologist
   Diagnostic Team (LD Diagnostic-Consultant, Psychologist, Social Worker, Principal)
   Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

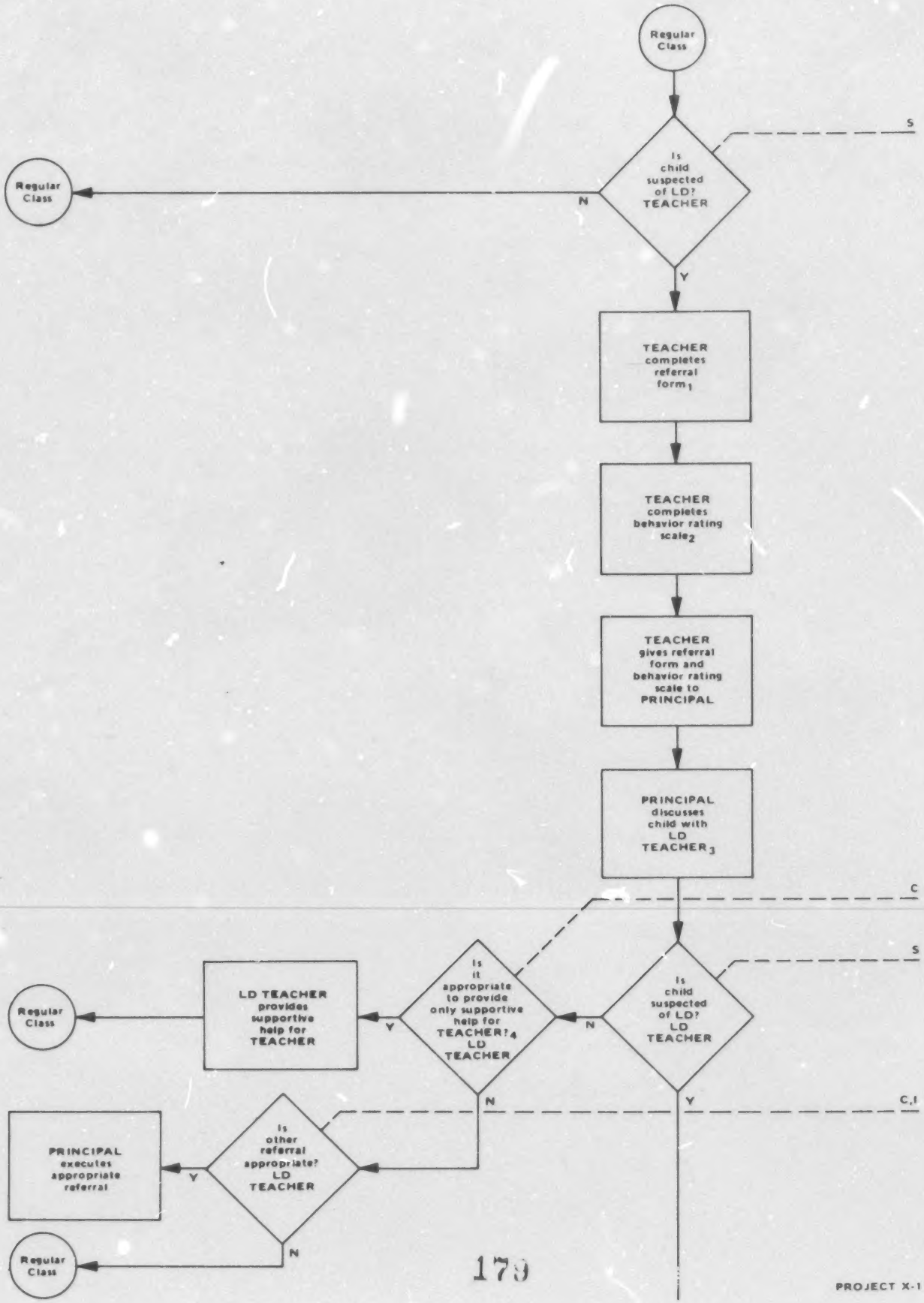
1. Often the problem can be eliminated by changing classrooms or moving the child's seat. This can be determined by the classroom observations.

2. This includes reviewing cumulative records, talking to physicians, and to previous teachers.

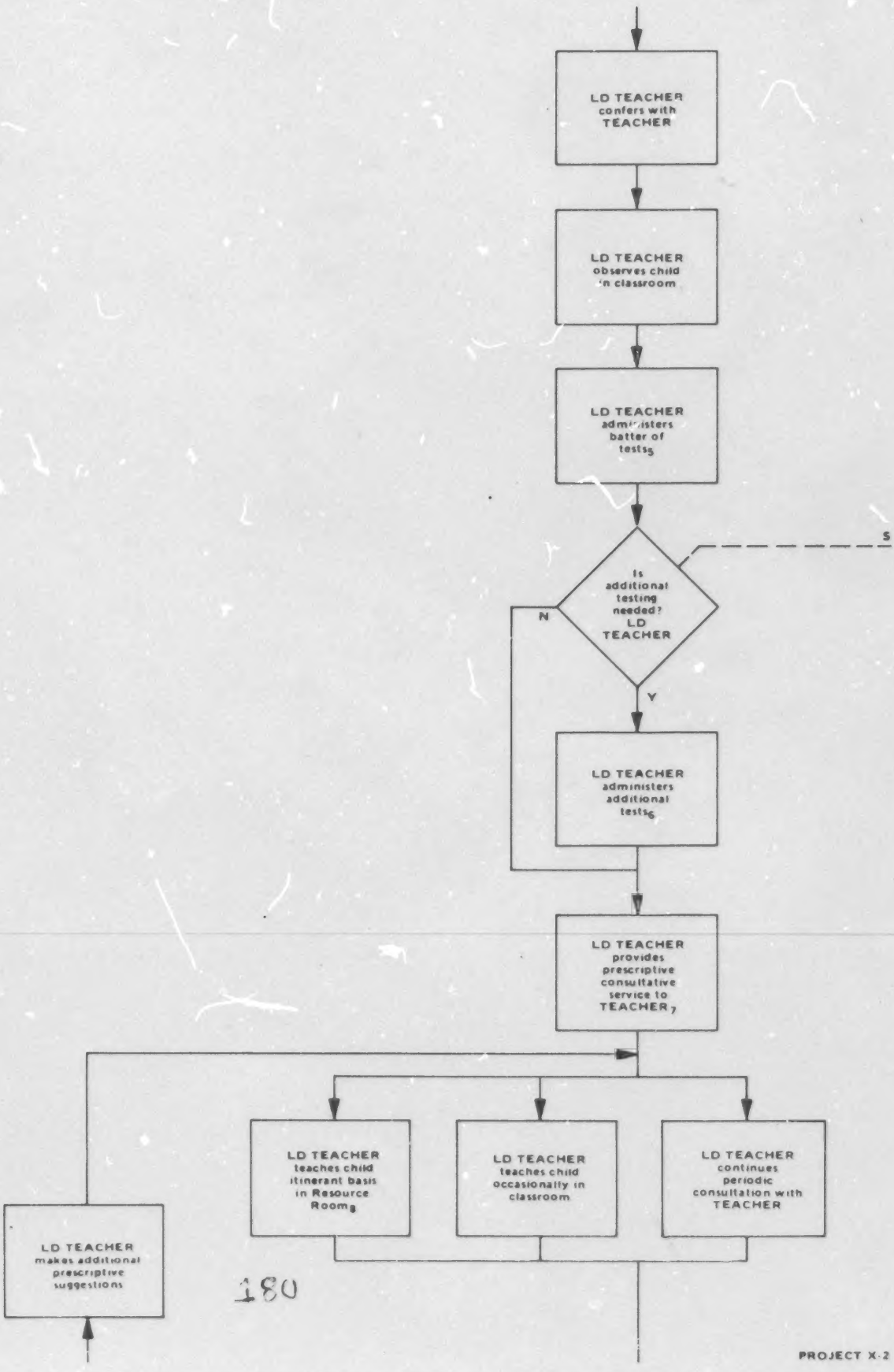
3. The LD Consultant is generally the most influential voice on the Diagnostic Team.

4. A neurological examination is required if child is to be classified as Neurologically Impaired LD (severe).

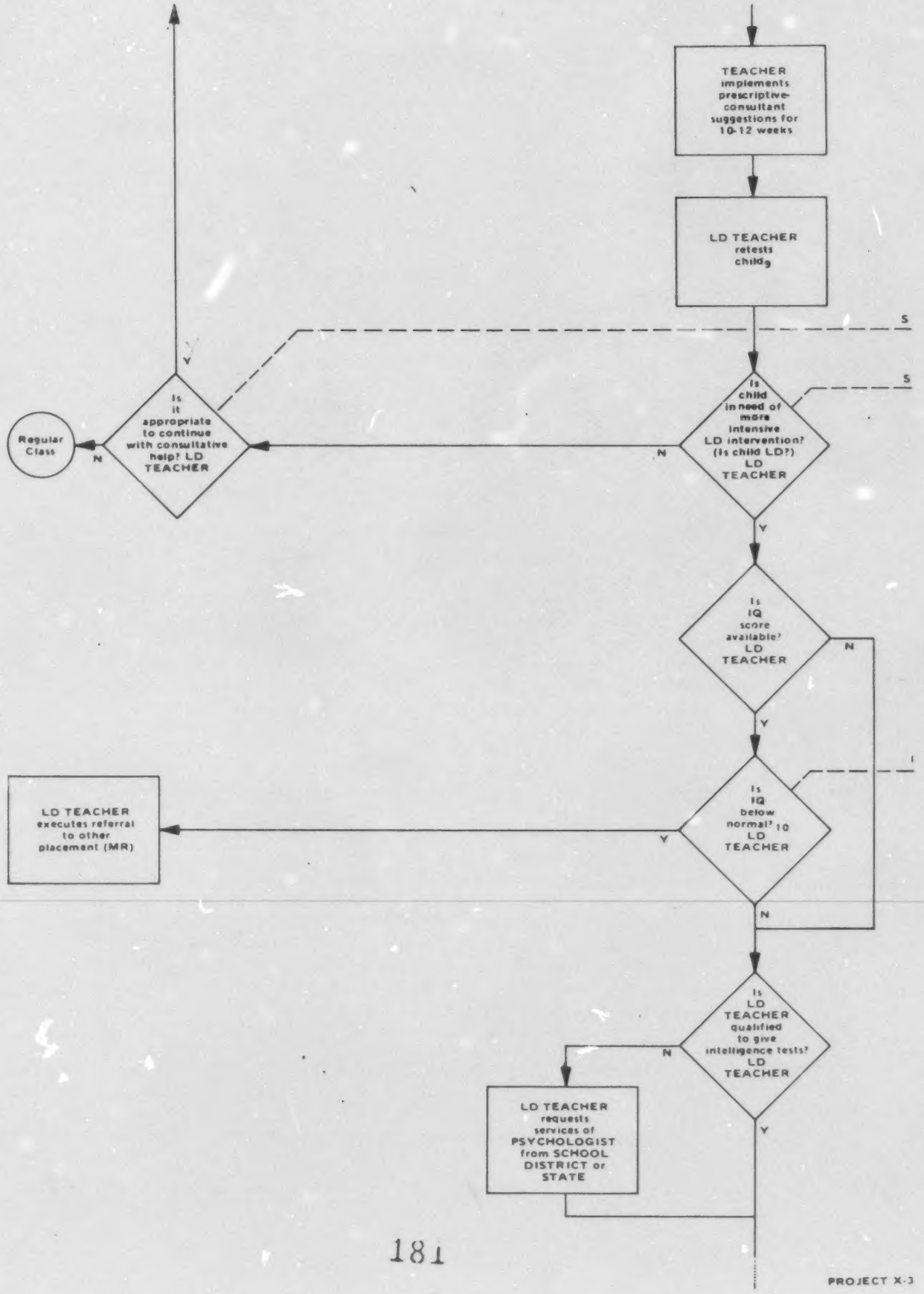
5. Apparently choice of tests is left up to person administering them, although reading, information processing, hearing and vision must be evaluated, choice depends largely on available scores, and attempts are made to fill in gaps in the record.

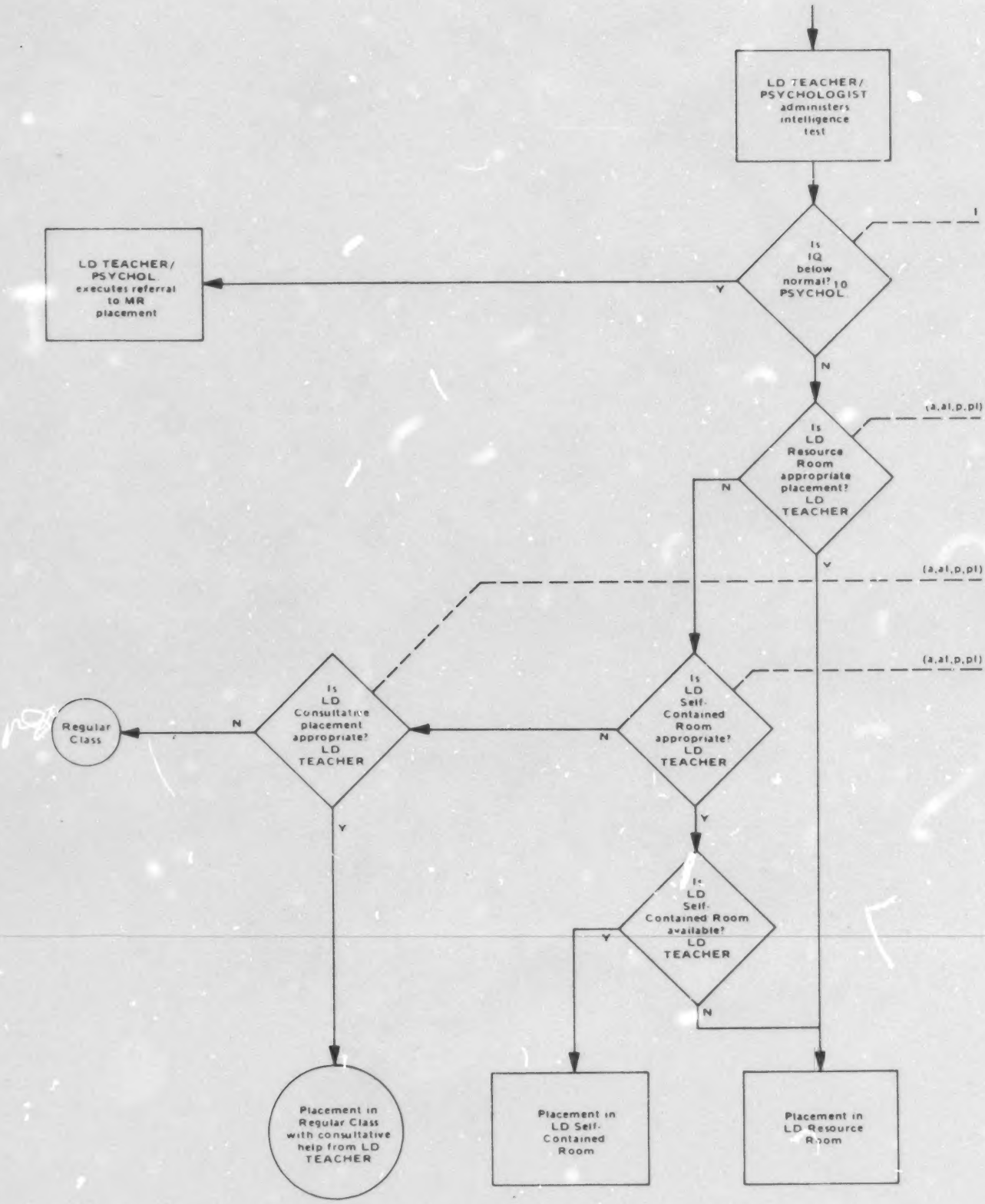

Regular Class
S
Is child suspected of LD? TEACHER
N
Regular Class
Y
TEACHER completes referral form 1
TEACHER completes behavior rating scale 2
TEACHER gives referral form and behavior rating scale to PRINCIPAL
PRINCIPAL discusses child with LD TEACHER 3
C
S
Is child suspected of LD? LD TEACHER
N
Is it appropriate to provide only supportive help for TEACHER? 4 LD TEACHER
Y
LD TEACHER provides supportive help for TEACHER
Regular Class
Y
C,I
N
Is other referral appropriate? LD TEACHER
Y
PRINCIPAL executes appropriate referral
N
Regular Class

PROJECT X-1


LD TEACHER confers with TEACHER
LD TEACHER observes child in classroom
LD TEACHER administers batter of tests5
Is additional testing needed? LD TEACHER
S
N
Y
LD TEACHER administers additional tests6
LD TEACHER provides prescriptive consultative service to TEACHER7
LD TEACHER teaches child itinerant basis in Resource Room8
LD TEACHER teaches child occasionally in classroom
LD TEACHER continues periodic consultation with TEACHER
LD TEACHER makes additional prescriptive suggestions

PROJECT X-2


TEACHER implements prescriptive-consultant suggestions for 10-12 weeks
LD TEACHER retests child
S
Is child in need of more intensive LD intervention? (Is child LD?) LD TEACHER
S
N
Y
Is it appropriate to continue with consultative help? LD TEACHER
N
Regular Class
Y
Is IQ score available? LD TEACHER
N
Y
Is IQ below normal? 10 LD TEACHER
Y
LD TEACHER executes referral to other placement (MR)
N
Is LD TEACHER qualified to give intelligence tests? LD TEACHER
N
LD TEACHER requests services of PSYCHOLOGIST from SCHOOL DISTRICT or STATE
Y
PROJECT X-3


LD TEACHER/ PSYCHOLOGIST administers intelligence test
Is IQ below normal? PSYCHOL
I
Y
LD TEACHER/ PSYCHOL. executes referral to MR placement
N
Is LD Resource Room appropriate placement? LD TEACHER
(a,al,p,pl)
N
Y
(a,al,p,pl)
Is LD Consultative placement appropriate? LD TEACHER
(a,al,p,pl)
Is LD Self-Contained Room appropriate? LD TEACHER
N
N
Regular Class
Y
Y
Is LD Self-Contained Room available? LD TEACHER
Y
N
Placement in Regular Class with consultative help from LD TEACHER
Placement in LD Self-Contained Room
Placement in LD Resource Room

PROJECT X-4

I. GENERAL INFORMATION

1. Project Code Letter: X

2. Delivery System for Intervention: LD Consultative, LD Resource Room, LD Self-Contained (Grades 1-6)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   LD Teacher
   Psychologist

   b) Constraining decisions: LD Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Referral form provides record of previous testing, indication of areas of difficulty, some identifying information.

2. Two different pupil behavior rating scales have been used: a) PBRS (Myklebust) and b) locally developed "Classroom Behavior Rating Scale."

3. We will refer to this position as LD Teacher, meaning primarily the LD Resource Room Teacher; this person also serves as an LD Consultant and LD Diagnostician. However, we will refer to this individual according to the central role as LD Teacher.

4. This means, "Will the providing of supportive help (e.g., Behavior Management Techniques) be sufficient to help this child?"

5. Tests include WRAT, BESI, Self-Concept Scale (Sears).

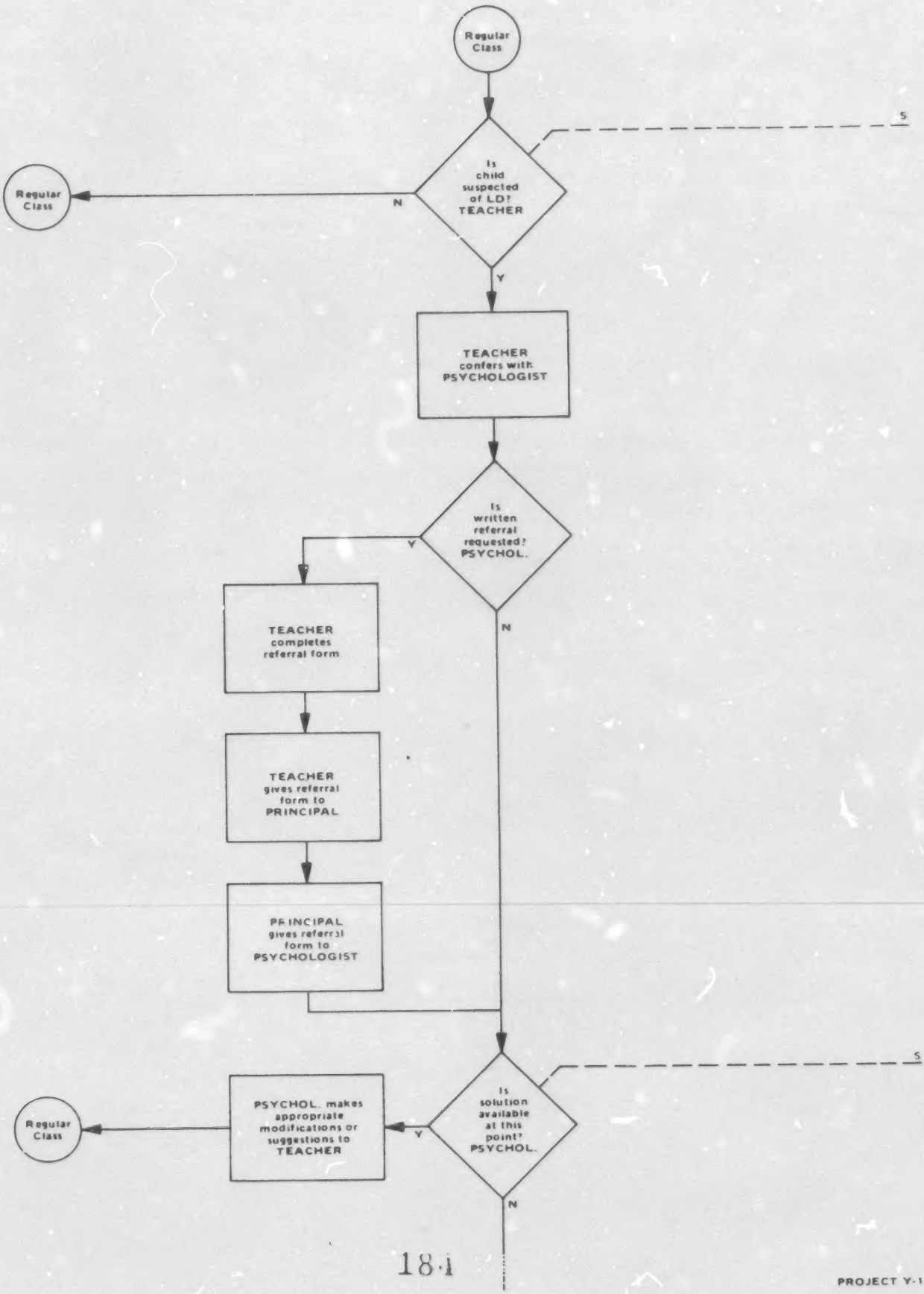
6. Additional tests are determined by the LD Teacher, they would include such things as Durrell, ITAP, Frostig, Spache, etc.

7. This is the critical first stage of intervention with the child; i.e., the first stop is to make suggestions to the Teacher and have her implement them. The essence of this system is that the child is first treated in the class by his regular teacher with no labelling or segregation. If this fails the child can continue into more intensive intervention.

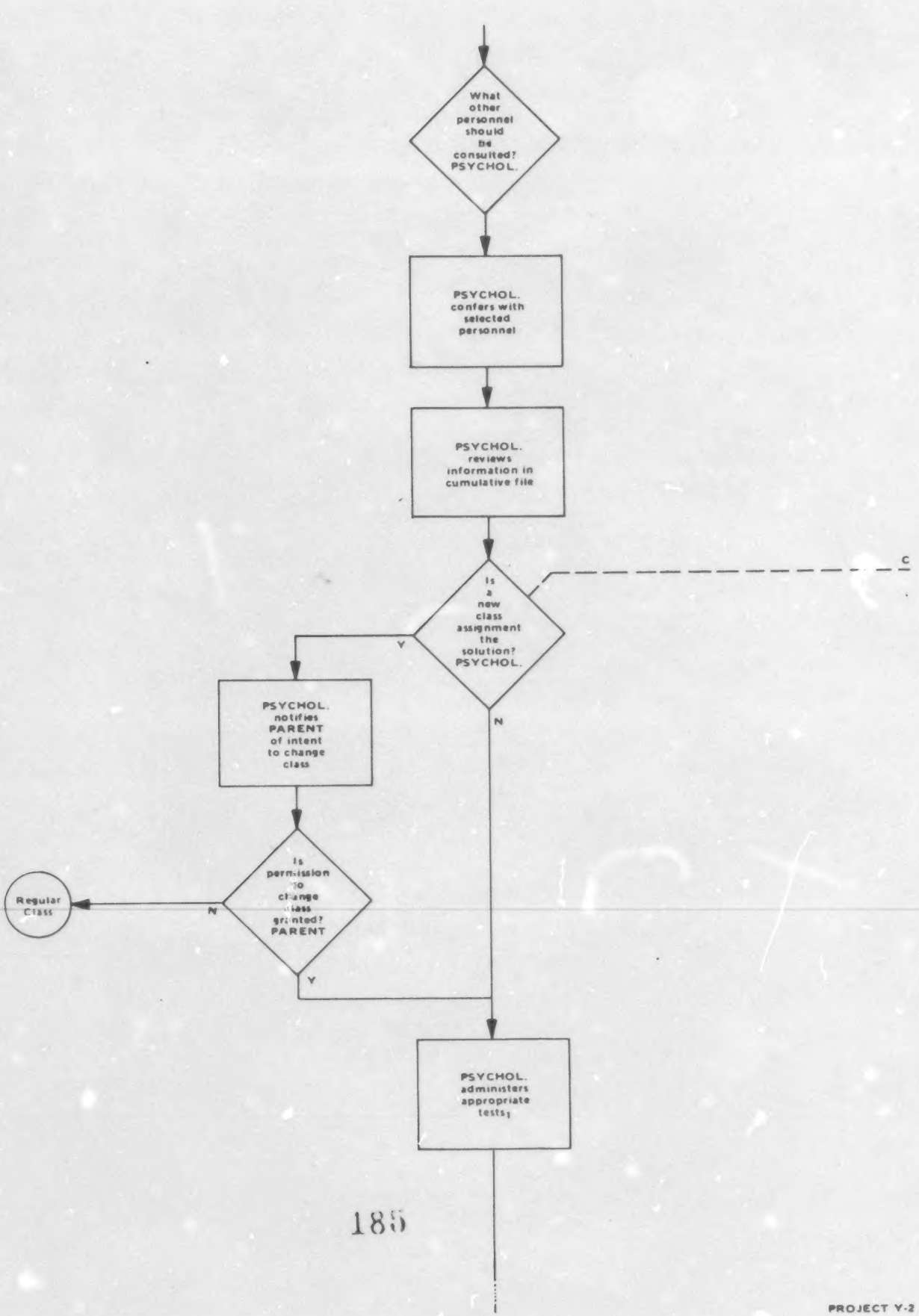
8. This stage again epitomizes the essence of this system: viz, many options and flexibility.

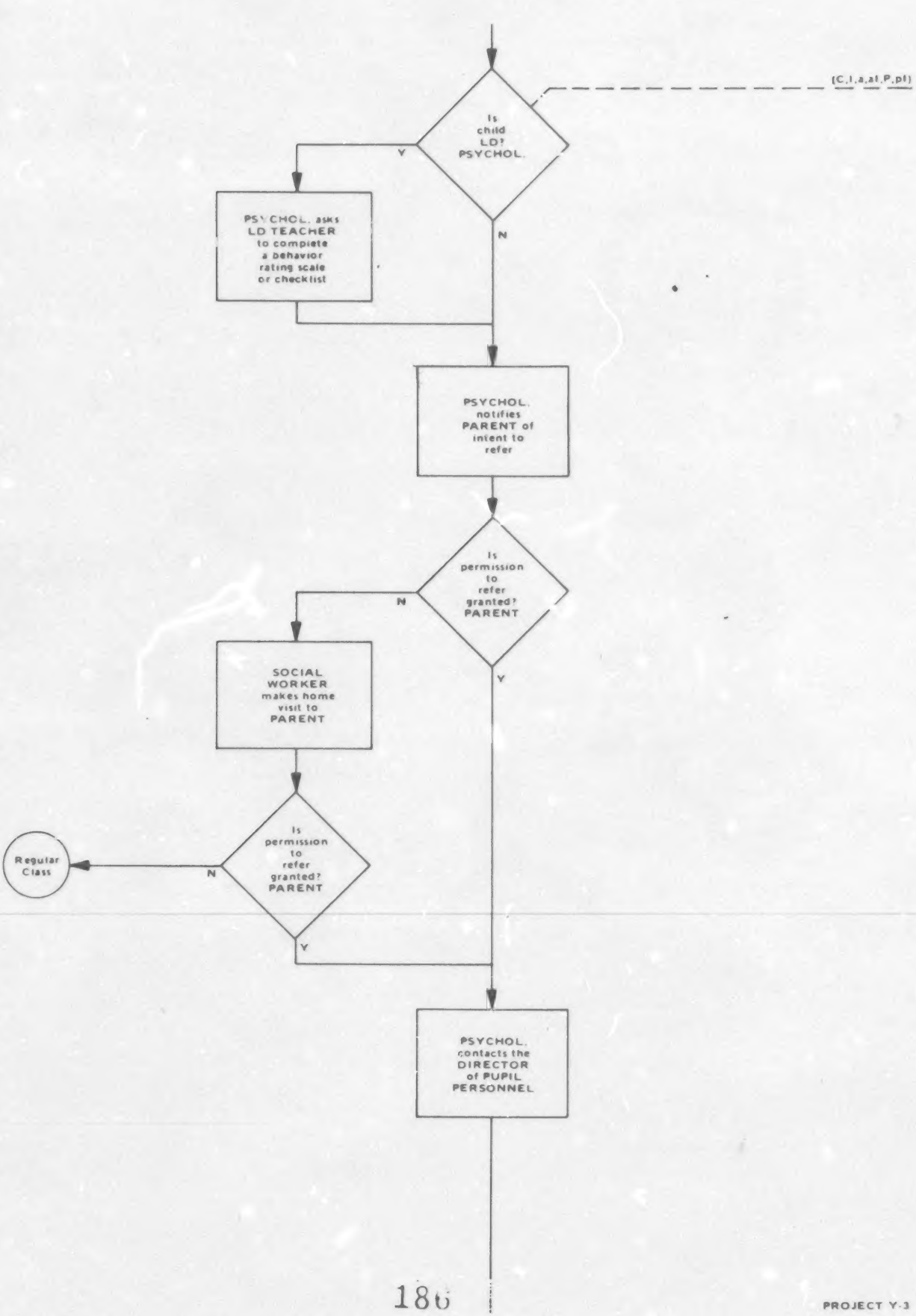
9. Retesting includes Self-Concept, Behavior Rating, BESI, WRAT, plus others at discretion of LD Teacher.

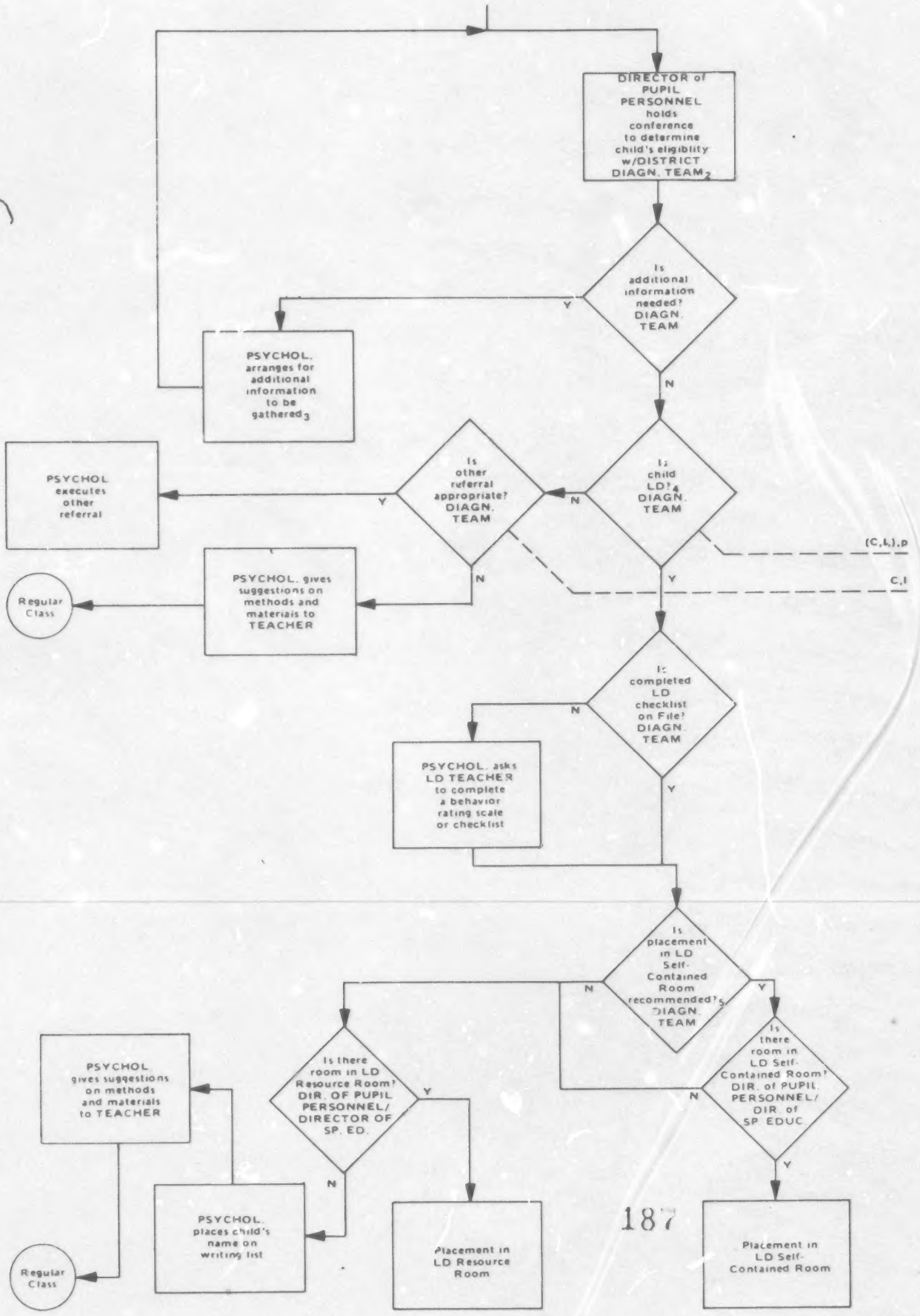
10. State guidelines would be followed, based on available test.


Regular Class
S
Is child suspected of LD? TEACHER
N
Regular Class
Y
TEACHER confers with PSYCHOLOGIST
Is written referral requested? PSYCHOL.
Y
N
TEACHER completes referral form
TEACHER gives referral form to PRINCIPAL
PRINCIPAL gives referral form to PSYCHOLOGIST
S
Is solution available at this point? PSYCHOL.
Y
PSYCHOL. makes appropriate modifications or suggestions to TEACHER
Regular Class
N

PROJECT Y-1


What other personnel should be consulted? PSYCHOL.
PSYCHOL. confers with selected personnel
PSYCHOL. reviews information in cumulative file
C
Is a new class assignment the solution? PSYCHOL.
Y
N
PSYCHOL. notifies PARENT of intent to change class
Is permission to change class granted? PARENT
N
Regular Class
Y
PSYCHOL. administers appropriate tests,


(C,I,a,al,P,pl)
Is child LD? PSYCHOL.
Y
N
PSYCHOL. asks LD TEACHER to complete a behavior rating scale or checklist
PSYCHOL. notifies PARENT of intent to refer
Is permission to refer granted? PARENT
N
Y
SOCIAL WORKER makes home visit to PARENT
Is permission to refer granted? PARENT
N
Y
Regular Class
PSYCHOL. contacts the DIRECTOR of PUPIL PERSONNEL


DIRECTOR of PUPIL PERSONNEL holds conference to determine child's eligibility w/DISTRICT DIAGN. TEAM 2
Is additional information needed? DIAGN. TEAM
Y
N
PSYCHOL. arranges for additional information to be gathered 3
Is child LD? 4 DIAGN. TEAM
Is other referral appropriate? DIAGN. TEAM
Y
N
PSYCHOL executes other referral
(C,L),P
C,I
PSYCHOL. gives suggestions on methods and materials to TEACHER
Regular Class
Is completed LD checklist on File? DIAGN. TEAM
N
Y
PSYCHOL. asks LD TEACHER to complete a behavior rating scale or checklist
Is placement in LD Self-Contained Room recommended? 5 DIAGN. TEAM
N
Y
Is there room in LD Resource Room? DIR. OF PUPIL PERSONNEL/ DIRECTOR OF SP. ED.
Y
N
Is there room in LD Self-Contained Room? DIR. of PUPIL PERSONNEL/ DIR. of SP. EDUC.
N
Y
PSYCHOL. gives suggestions on methods and materials to TEACHER
PSYCHOL. places child's name on writing list
Regular Class
Placement in LD Resource Room
Placement in LD Self-Contained Room

PROJECT Y-4

I. GENERAL INFORMATION

1. Project Code Letter: Y

2. Delivery System for Intervention: LD Self-Contained
   LD Specialist Mainstreaming (Grades K-12)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Psychologist
   Diagnostic Team

   b) Constraining decisions: Psychologist
   Parent
   Diagnostic Team (Director of Pupil Personnel, Chief School Psychologist, School Psychiatrist, Chief Nurse, Social Worker, Director of Special Education, sending psychologist, sometimes counselor or referring teacher)
   Director of Pupil Personnel/Director of Special Education

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

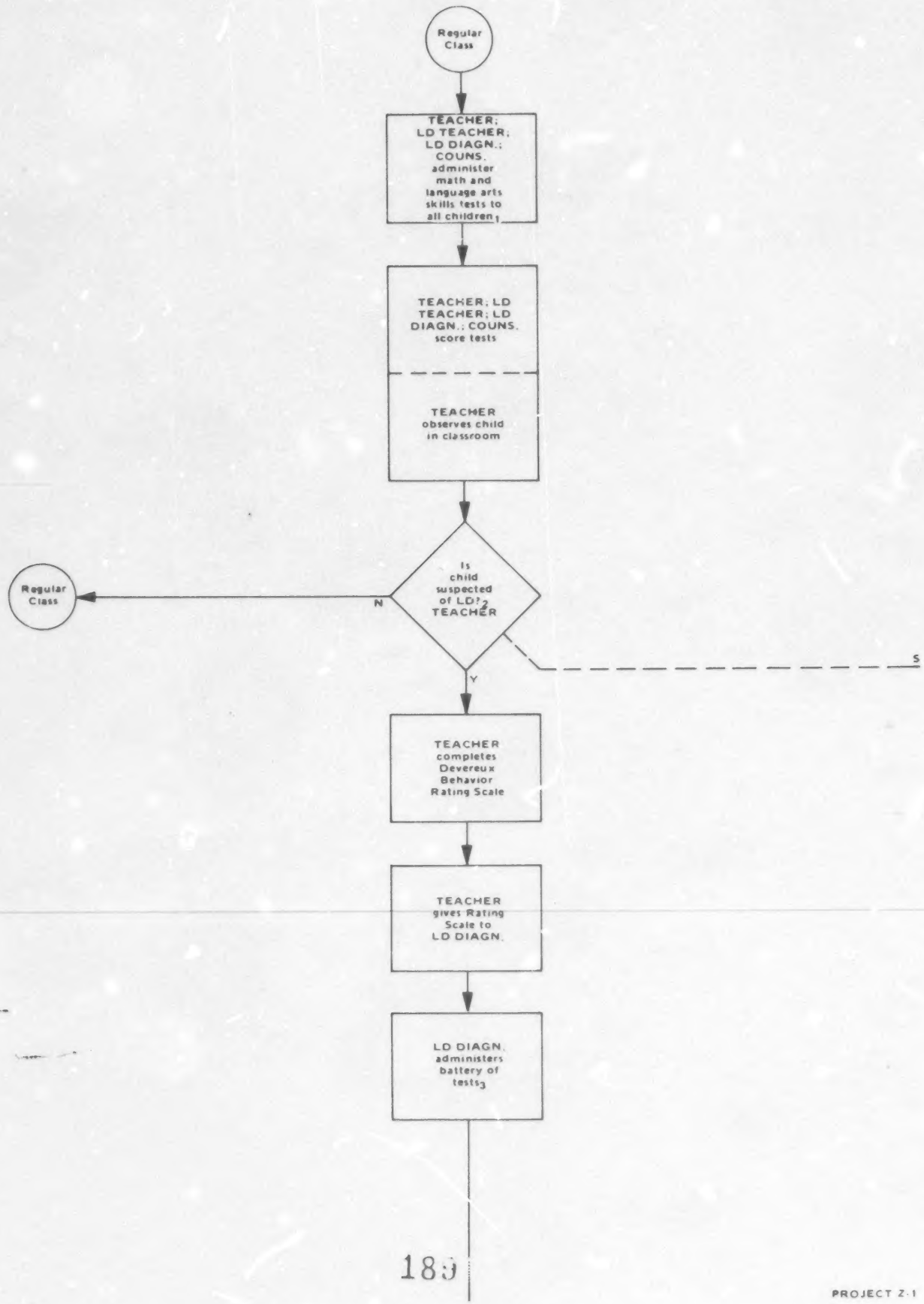
1. Testing includes an IQ test, Bender, maybe Rorschach. If Psychologist suspects LD, may ask remediation specialist to give PBRS or other checklist.

2. This group, headed by the Director of Pupil Personnel includes the School Psychiatrist, Chief School Psychologist, Chief Nurse, Social Worker, Director of Special Education, the sending psychologist, and sometime the counselor or referring agent.

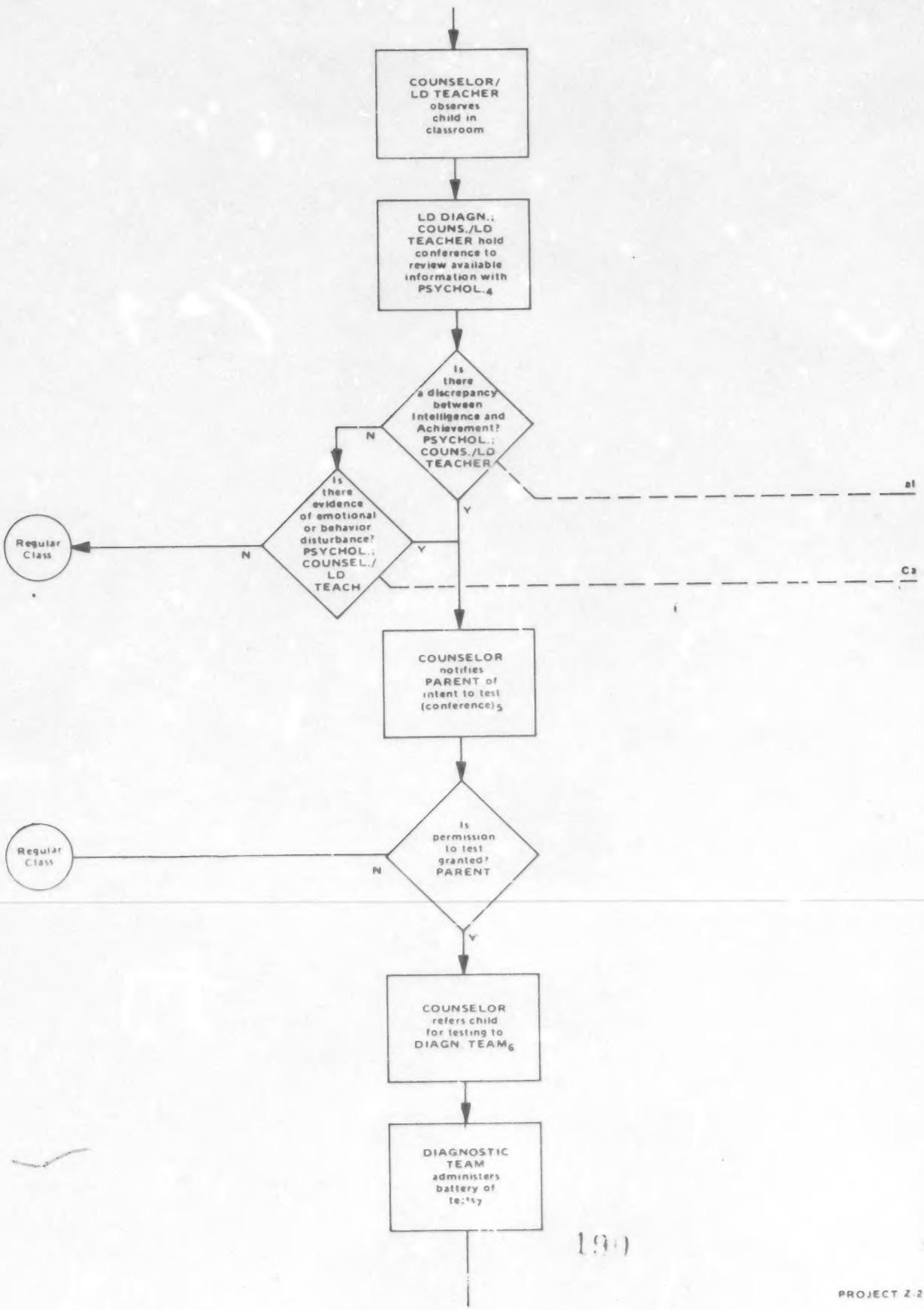
3. This could involve further testing, observation, meeting with parents, etc.

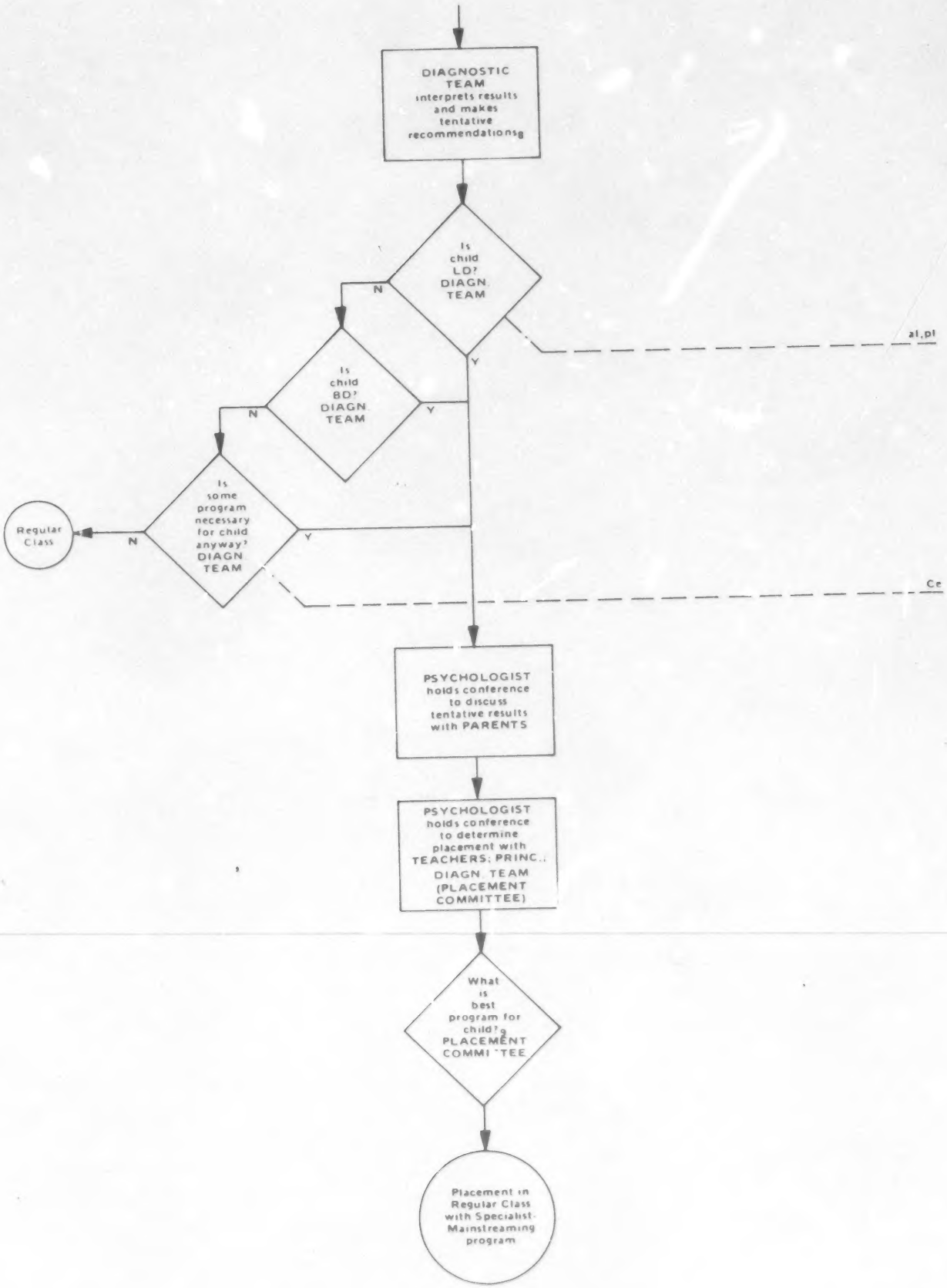
4. The exact criteria by which this decision is made are unclear.

5. The Self-Contained room handles children with emotional as well as LD problems.


Regular Class
TEACHER; LD TEACHER; LD DIAGN.; COUNS. administer math and language arts skills tests to all children1
TEACHER; LD TEACHER; LD DIAGN.; COUNS. score tests
TEACHER observes child in classroom
Is child suspected of LD?2 TEACHER
N
Regular Class
S
Y
TEACHER completes Devereux Behavior Rating Scale
TEACHER gives Rating Scale to LD DIAGN.
LD DIAGN. administers battery of tests3

PROJECT Z-1


COUNSELOR/ LD TEACHER observes child in classroom
LD DIAGN.; COUNS./LD TEACHER hold conference to review available information with PSYCHOL.4
Is there a discrepancy between Intelligence and Achievement? PSYCHOL.; COUNS./LD TEACHER
N
Y
Is there evidence of emotional or behavior disturbance? PSYCHOL.; COUNSEL./ LD TEACH
N
Y
Regular Class
COUNSELOR notifies PARENT of intent to test (conference)5
Is permission to test granted? PARENT
N
Y
Regular Class
COUNSELOR refers child for testing to DIAGN. TEAM6
DIAGNOSTIC TEAM administers battery of tests7


DIAGNOSTIC TEAM interprets results and makes tentative recommendationsg
Is child LD? DIAGN. TEAM
N
Y
al,pl
Is child BD? DIAGN. TEAM
N
Y
Is some program necessary for child anyway? DIAGN. TEAM
Regular Class
N
Y
Ce
PSYCHOLOGIST holds conference to discuss tentative results with PARENTS
PSYCHOLOGIST holds conference to determine placement with TEACHERS; PRINC.; DIAGN. TEAM (PLACEMENT COMMITTEE)
What is best program for child? PLACEMENT COMMI TEE
Placement in Regular Class with Specialist-Mainstreaming program

PROJECT 2 3

I. GENERAL INFORMATION

1. Project Code Letter: Z

2. Delivery System for Intervention: LD Specialist Mainstreaming (Grades 1-8)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Psychologist
   Counselor/LD Teacher
   Diagnostic Team (Psychologist, others)

   b) Constraining decisions: Parent
   Placement Committee (Psychologist, Teachers, Principals, Diagnostic Team)
   Diagnostic Team

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. These are teacher made tests, administered at the beginning of the school year as a basis for referral.

2. A child is considered a potential LD if he is below the expected level of skill development for his grade level. However, these criteria are flexible, with consideration also paid to emotional and background factors of the child.

3. Tests include Slosson, WRAT, Bender-Gestalt, Behavior Rating Scale.

4. Tests are scored prior to the conference, except for the Bender which is scored by the Psychologist and a written summary is prepared from the observations. The conference is held at a tri-county diagnostic center, where the child may go for a more intense work-up, if needed. At this point the child is being viewed as either potential LD or BE (ED). This is why a child may be included if he evidences an emotional disturbance.

5. This conference includes LD Diagnostician, Counselor, Parent and sometime LD Teacher. There is no written permission required, but the parent must orally agree to in-depth testing.

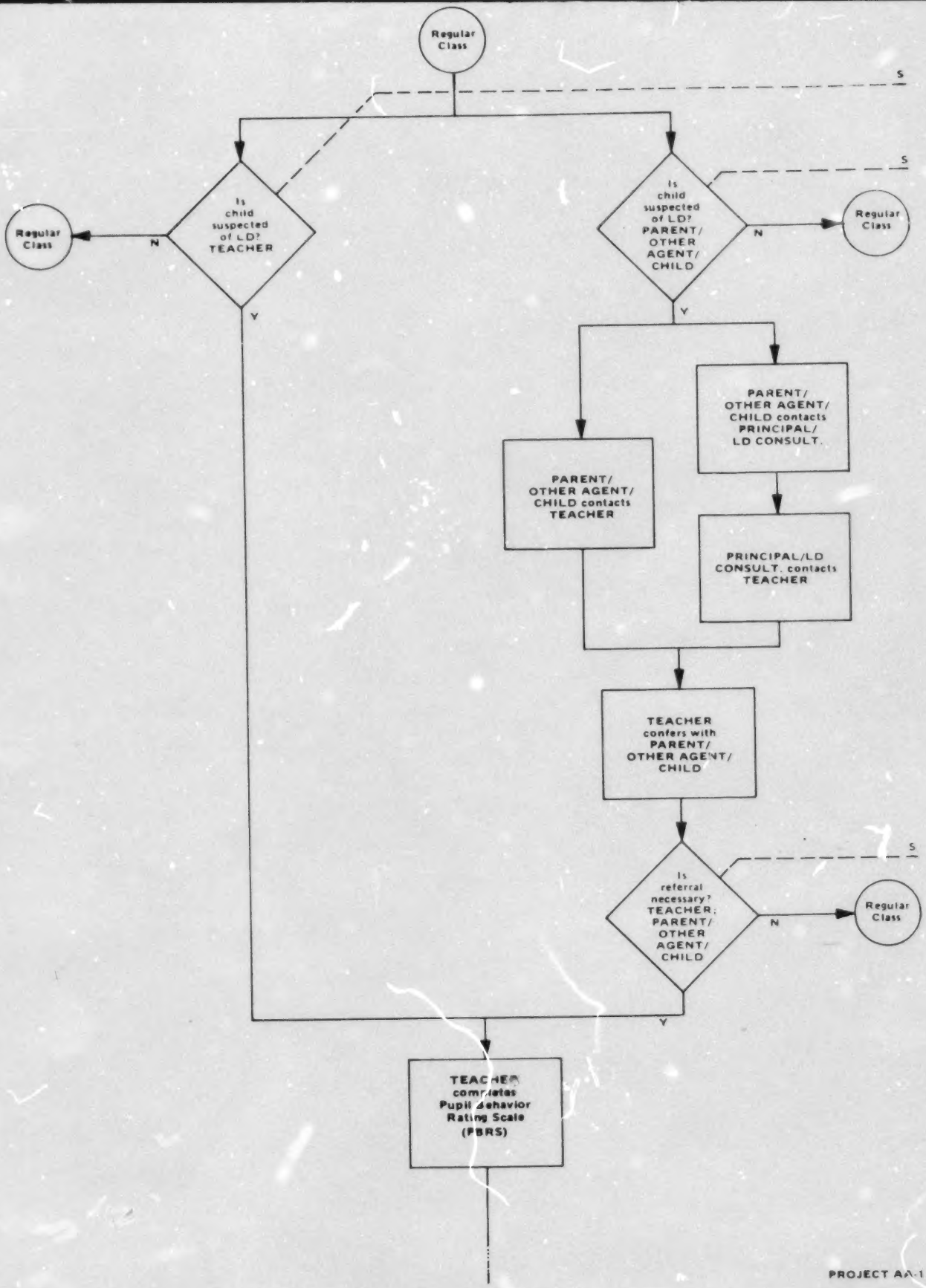
6. This team operates out of the tri-county diagnostic center. "Diagnostic Team" will be used to refer the staff at this center. Except for a Psychologist, team members are not known.

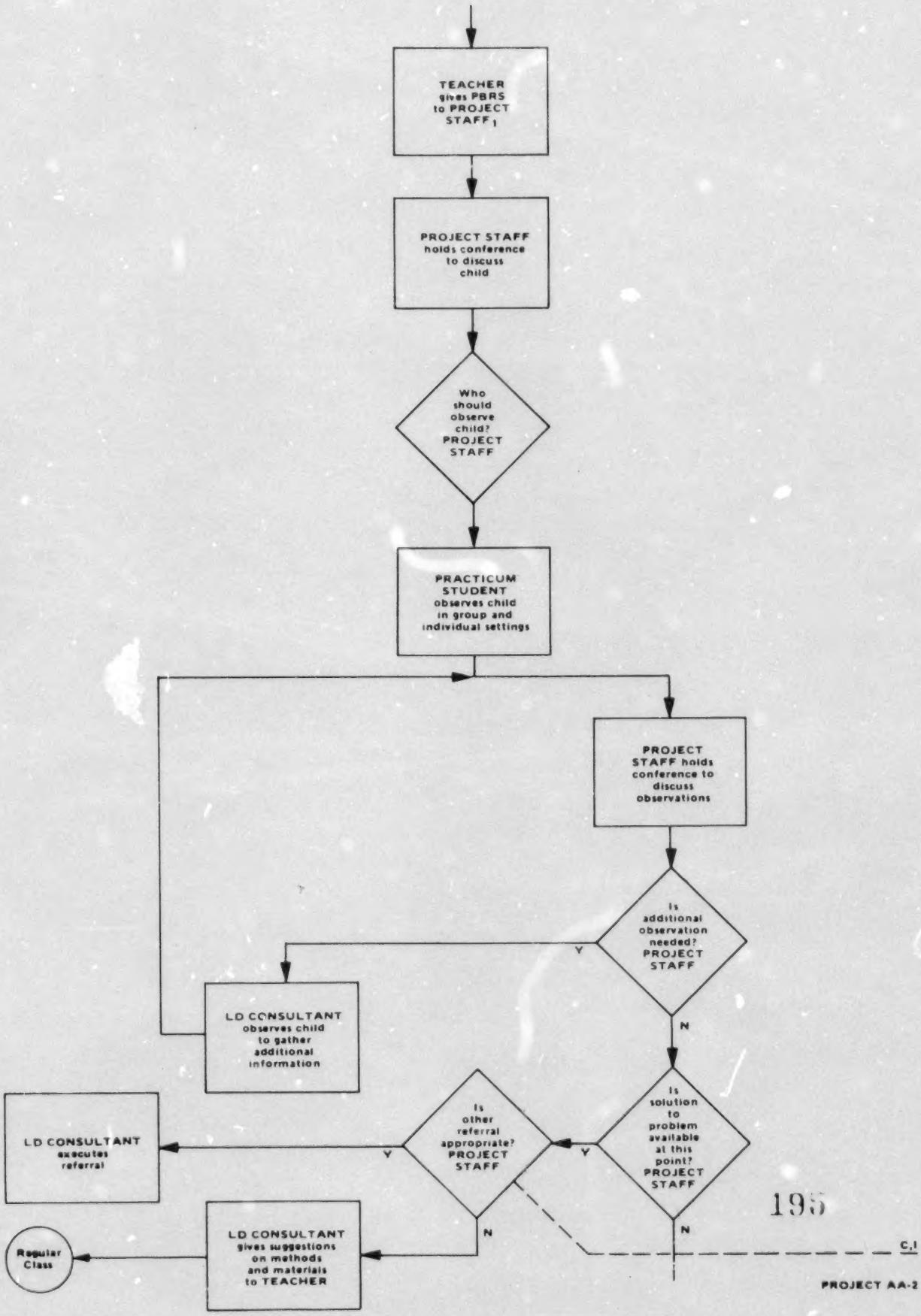
7. Tests include WISC, or Binet, ITPA, achievement tests, a parent rating scale, family history and child history.

8. Criteria used to eliminate a child at this point are unknown. However, it is assumed that all tested children will receive some remedial help, whether

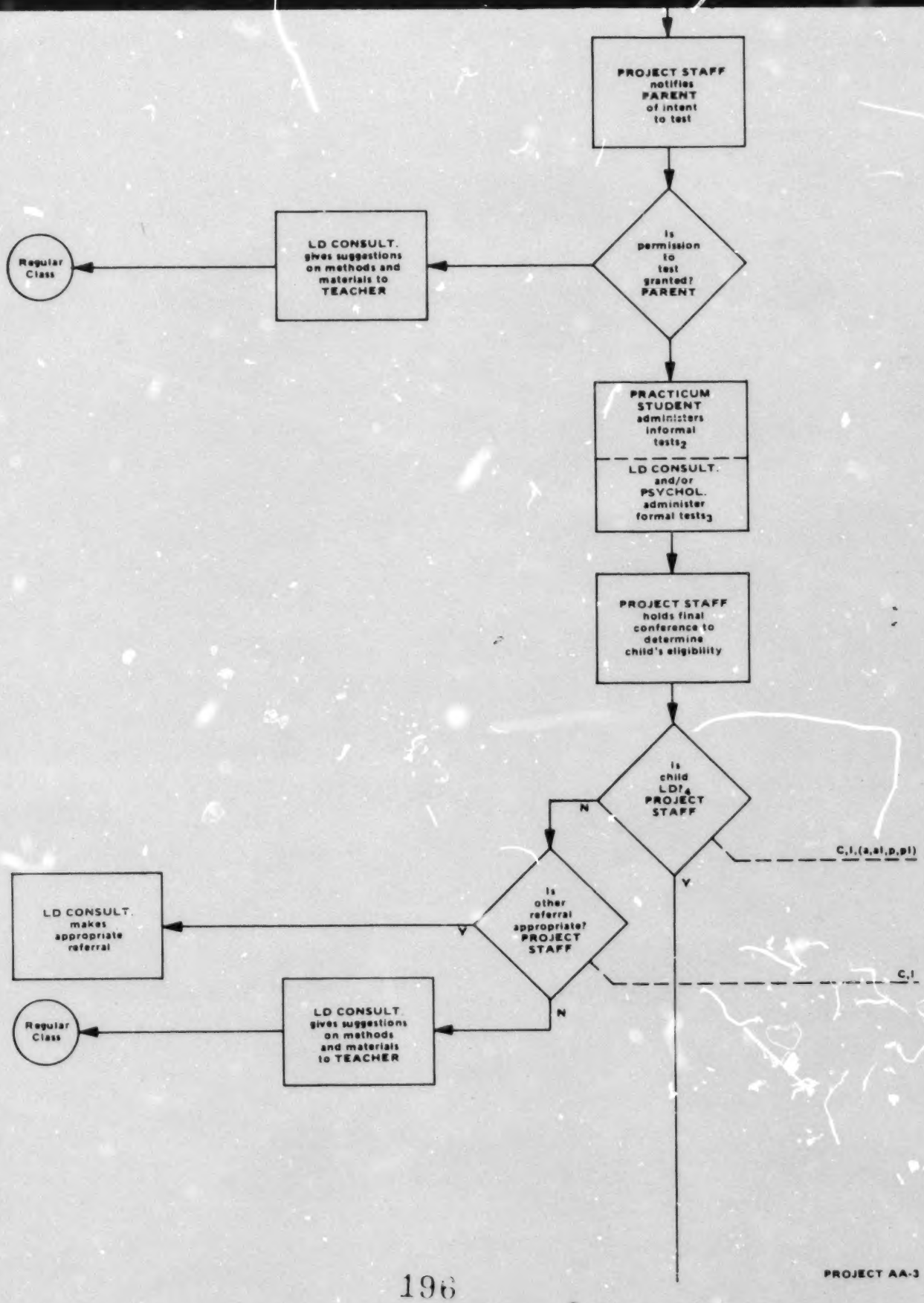
designated as LD or not. This is largely because the project's philosophy centers around adjusting a school program to each child's needs and learning patterns.

9. Possibilities include individual tutoring, programmed learning, family counseling, bookless curriculum, family groupings in class, role playing.

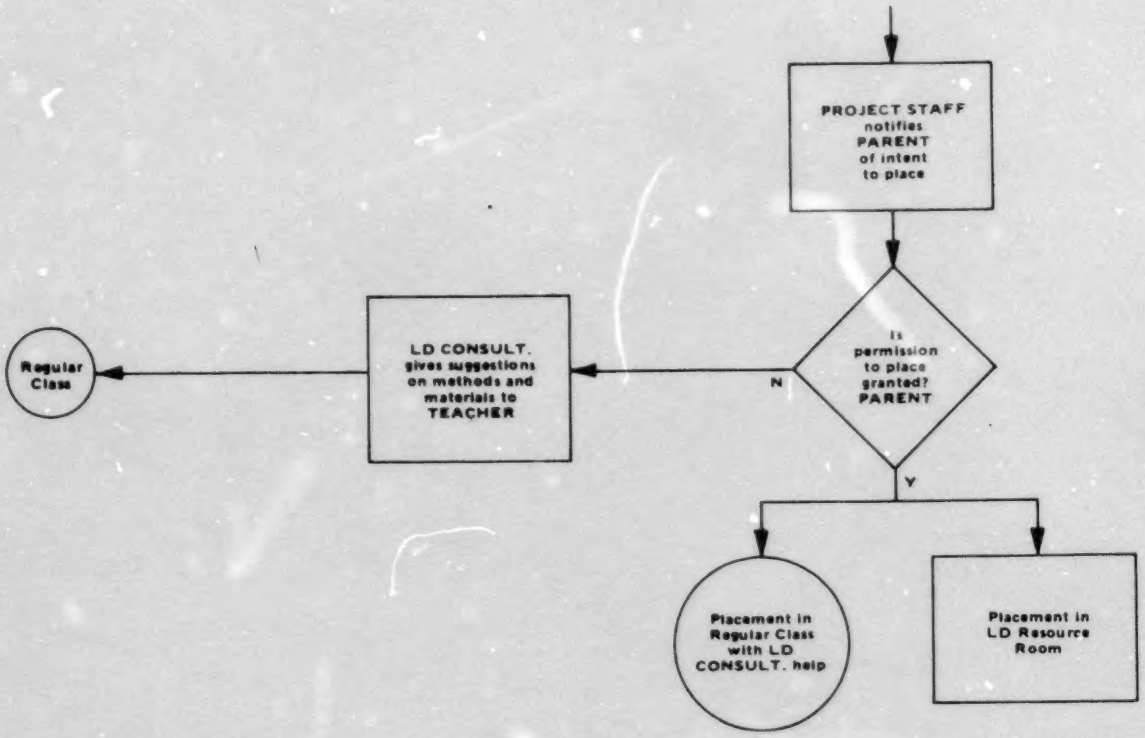

Regular Class
S
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is child suspected of LD? PARENT/ OTHER AGENT/ CHILD
S
N
Regular Class
Y
PARENT/ OTHER AGENT/ CHILD contacts TEACHER
PARENT/ OTHER AGENT/ CHILD contacts PRINCIPAL/ LD CONSULT.
PRINCIPAL/LD CONSULT. contacts TEACHER
TEACHER confers with PARENT/ OTHER AGENT/ CHILD
Is referral necessary? TEACHER, PARENT/ OTHER AGENT/ CHILD
S
N
Regular Class
Y
TEACHER completes Pupil Behavior Rating Scale (PBRS)
PROJECT AA-1


TEACHER gives PBRS to PROJECT STAFF1
PROJECT STAFF holds conference to discuss child
Who should observe child? PROJECT STAFF
PRACTICUM STUDENT observes child in group and individual settings
PROJECT STAFF holds conference to discuss observations
Is additional observation needed? PROJECT STAFF
Y
N
LD CONSULTANT observes child to gather additional information
Is solution to problem available at this point? PROJECT STAFF
Y
N
Is other referral appropriate? PROJECT STAFF
Y
N
LD CONSULTANT executes referral
LD CONSULTANT gives suggestions on methods and materials to TEACHER
Regular Class
C,I

PROJECT AA-2


PROJECT STAFF notifies PARENT of intent to test
Is permission to test granted? PARENT
LD CONSULT. gives suggestions on methods and materials to TEACHER
Regular Class
PRACTICUM STUDENT administers informal tests2
LD CONSULT. and/or PSYCHOL. administer formal tests3
PROJECT STAFF holds final conference to determine child's eligibility
Is child LD?4 PROJECT STAFF
N
Y
C,I,(a,al,p,pl)
Is other referral appropriate? PROJECT STAFF
Y
N
C,I
LD CONSULT. makes appropriate referral
LD CONSULT. gives suggestions on methods and materials to TEACHER
Regular Class

PROJECT AA-3


PROJECT STAFF notifies PARENT of intent to place
Is permission to place granted? PARENT
N
LD CONSULT. gives suggestions on methods and materials to TEACHER
Regular Class
Y
Placement in Regular Class with LD CONSULT. help
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: AA

2. Delivery System for Intervention: LD Consultative (Grades K-12)
   LD Resource Room

3. Initial Entry: Referral (Teacher, Parents/other Agents/Self)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Parent
   Other Agent
   Child
   Project Staff (LD Coordinator, Psychologist, LD Consultants, Practicum Students)

   b) Constraining decisions: Project Staff
   Parent

II. SPECIAL NOTATIONS

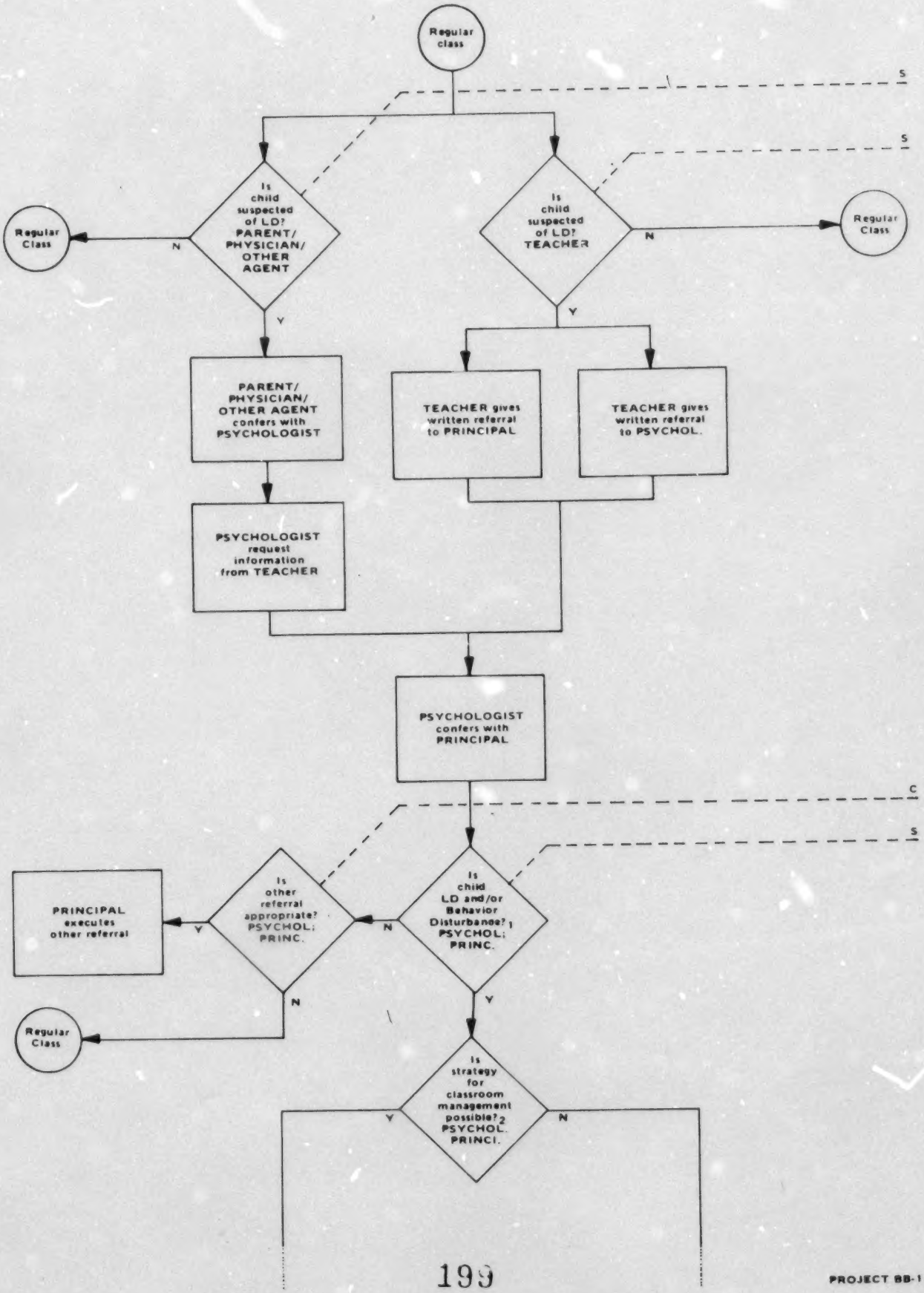
(footnotes apply to notations on flow-chart)

1. Staff includes 5 LD Consultants who serve as itinerant personnel, an LD Coordinator, a Psychologist, and 10 practicum students. The referral would probably go to one of the 5 consultants or a practicum student, since personnel are most frequently in a school. The term "Project Staff" will be used when the specific member of the staff is not known.

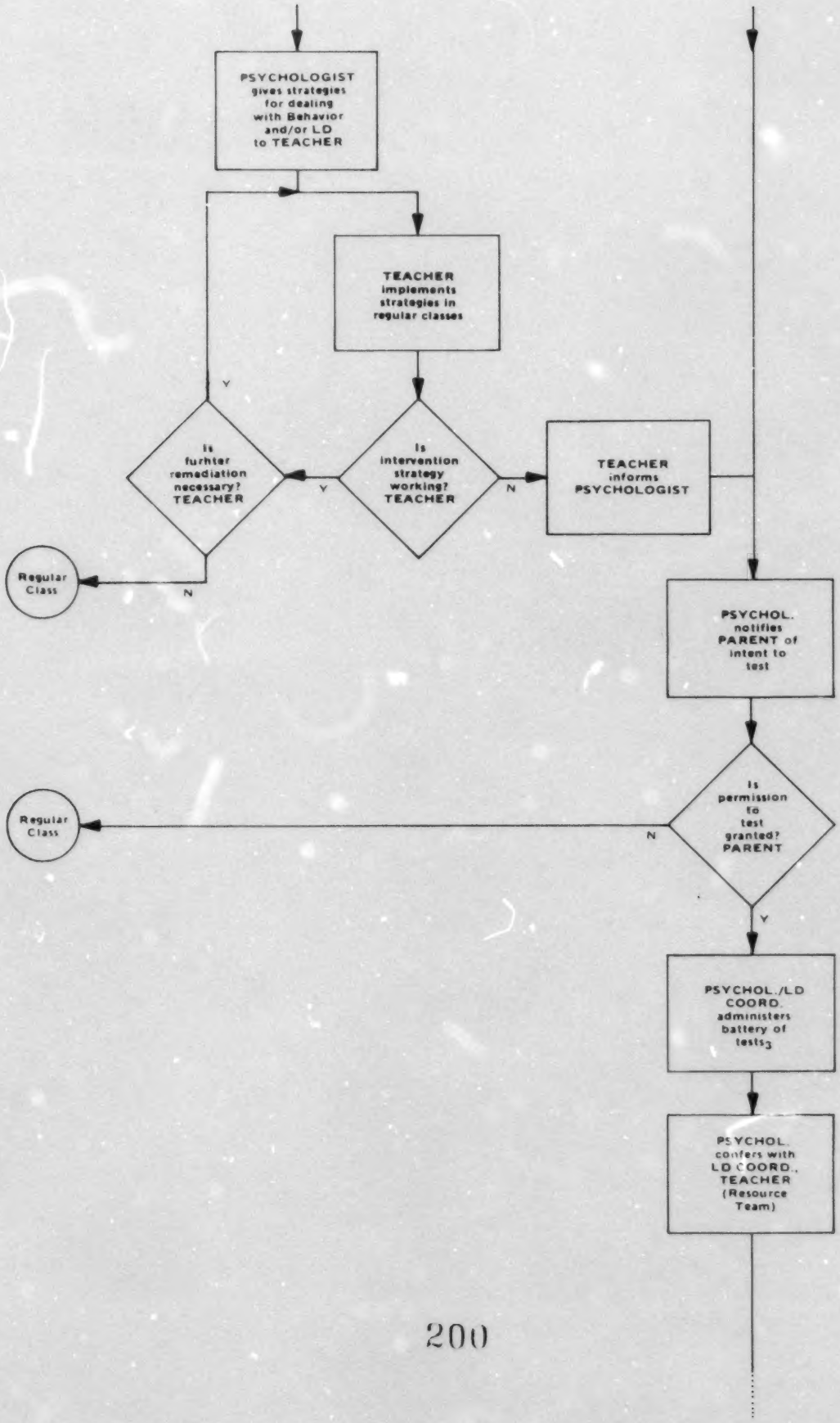
2. Informal tests include Wold Screening Tests, Silvaroli, Key-Math, WRAT, in addition, samples of child's work may be collected.

3. Formal tests include WISC or Binet, ITPA, Bender, Draw-A-Person, etc. LD Consultants do most of the testing; the Psychologist would be called in if emotional problems appeared to be primary.

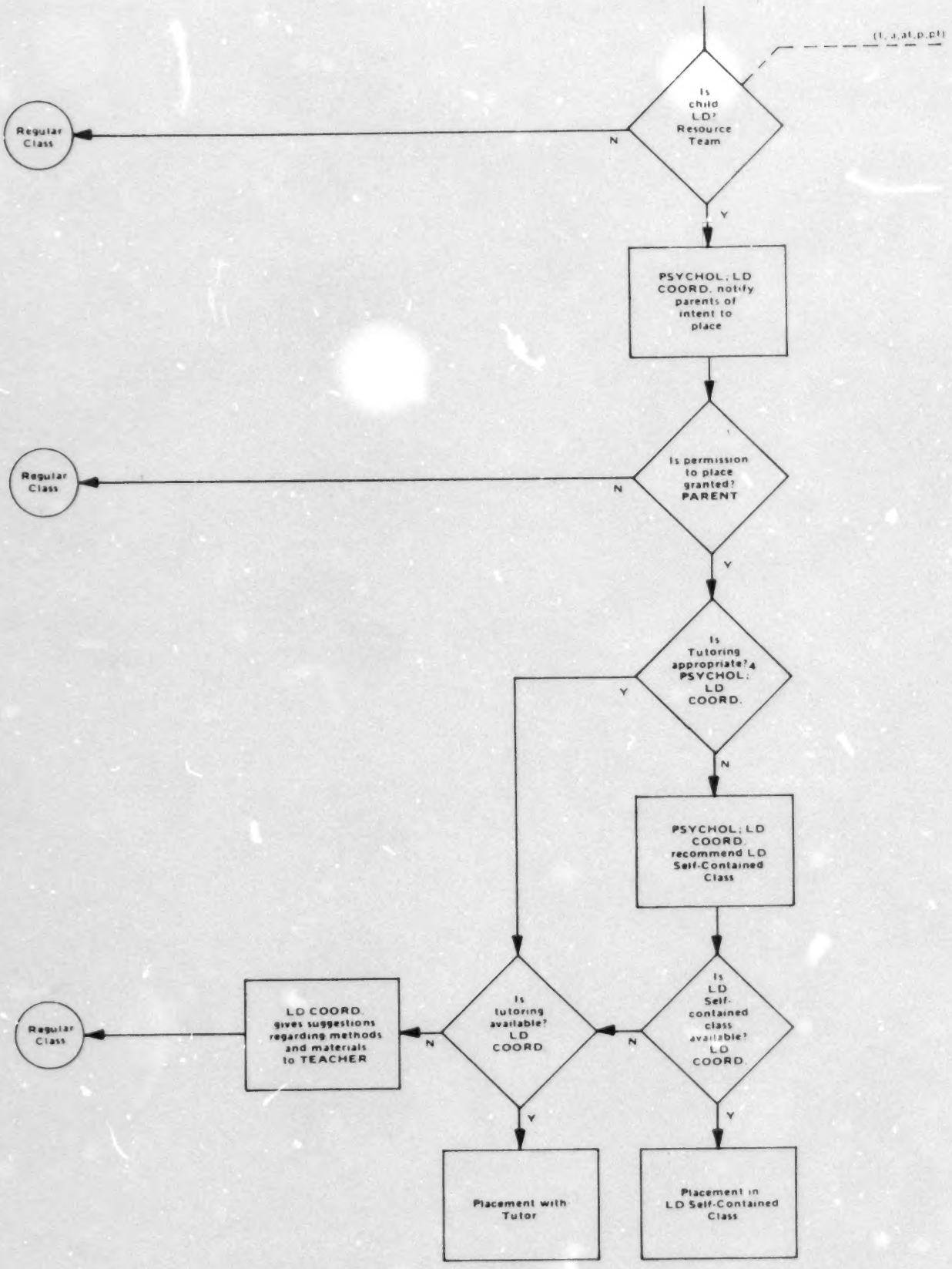
4. Specific criteria are not known. It appears that the project does use a broad definition of LD, including nearly any kind of disability for which they can provide some remedial services.


Regular class
S
S
Is child suspected of LD? PARENT/ PHYSICIAN/ OTHER AGENT
Regular Class
N
Y
Is child suspected of LD? TEACHER
N
Regular Class
Y
PARENT/ PHYSICIAN/ OTHER AGENT confers with PSYCHOLOGIST
TEACHER gives written referral to PRINCIPAL
TEACHER gives written referral to PSYCHOL.
PSYCHOLOGIST request information from TEACHER
PSYCHOLOGIST confers with PRINCIPAL
C
S
PRINCIPAL executes other referral
Y
Is other referral appropriate? PSYCHOL; PRINC.
N
Is child LD and/or Behavior Disturbance?1 PSYCHOL; PRINC.
N
Y
Regular Class
Is strategy for classroom management possible?2 PSYCHOL. PRINCI.
Y
N

PROJECT BB-1


PSYCHOLOGIST gives strategies for dealing with Behavior and/or LD to TEACHER
TEACHER implements strategies in regular classes
Is intervention strategy working? TEACHER
Y
N
Is further remediation necessary? TEACHER
Y
N
Regular Class
TEACHER informs PSYCHOLOGIST
PSYCHOL. notifies PARENT of intent to test
Is permission to test granted? PARENT
N
Regular Class
Y
PSYCHOL./LD COORD. administers battery of tests
PSYCHOL. confers with LD COORD., TEACHER (Resource Team)

PROJECT BB-


Is child LD? Resource Team
N
Regular Class
Y
PSYCHOL.; LD COORD. notify parents of intent to place
Is permission to place granted? PARENT
N
Regular Class
Y
Is Tutoring appropriate? PSYCHOL.; LD COORD.
Y
N
PSYCHOL.; LD COORD. recommend LD Self-Contained Class
Is LD Self-contained class available? LD COORD.
N
Y
Is tutoring available? LD COORD.
N
Y
LD COORD. gives suggestions regarding methods and materials to TEACHER
Regular Class
Placement with Tutor
Placement in LD Self-Contained Class

I. GENERAL INFORMATION

1. Project Code Letter: BB

2. Delivery System for Intervention: LD Self-Contained (Grades 9-12)
   LD Specialist
   Mainstreaming

3. Initial Entry: Referral (Teacher/Parent/Physician/Other Agent)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher, Parent, Physician, Other Agent, Psychologist, Principal, Resource Team (LD Coordinator, Psychologist, Teacher)

   b) Constraining decisions: Psychologist, Principal, Teacher, Parent, LD Coordinator

II. SPECIAL NOTATIONS

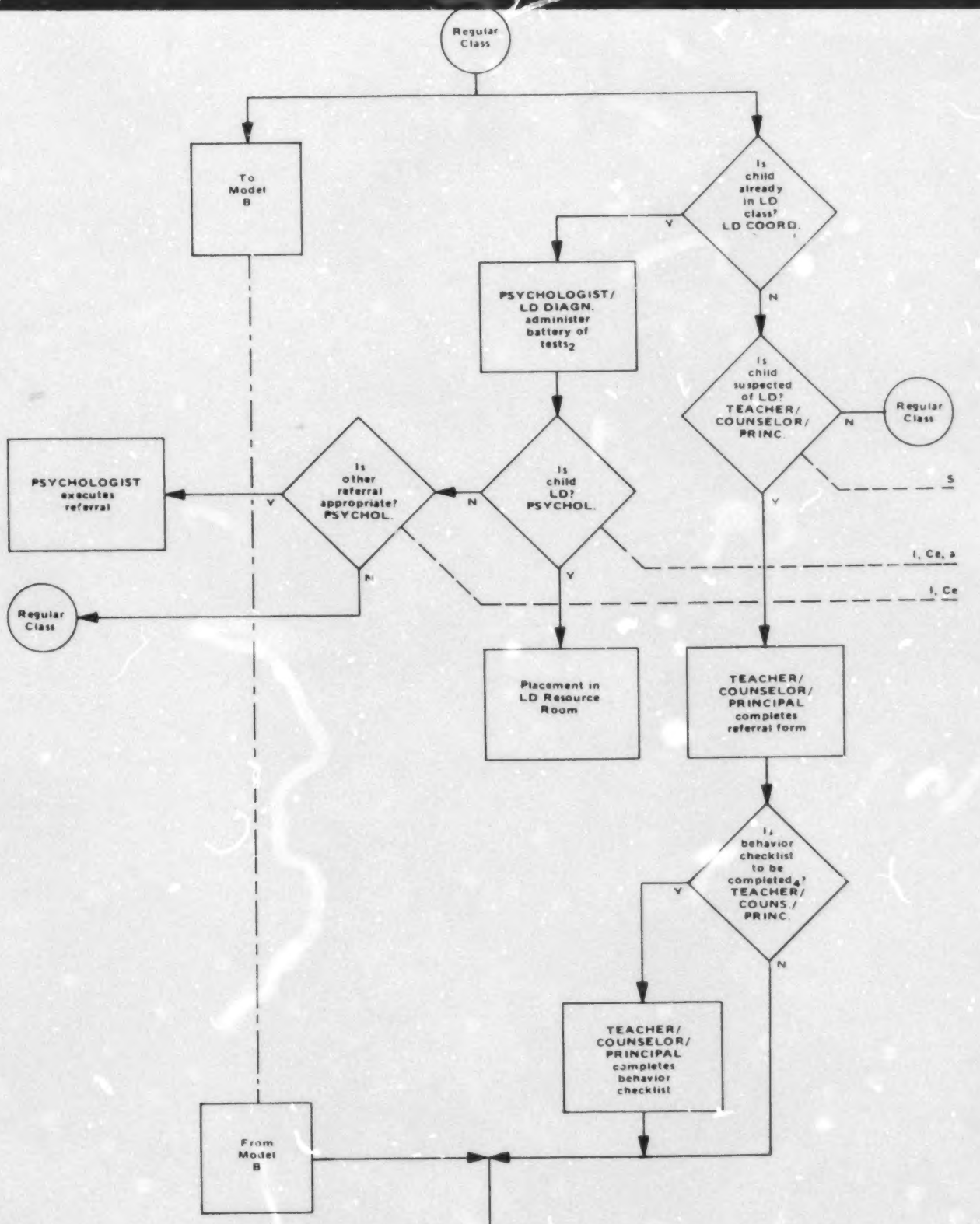
(footnotes apply to notations on flow-chart)

1. In this system LD and BD (Behavior Disturbance) children are often grouped together.

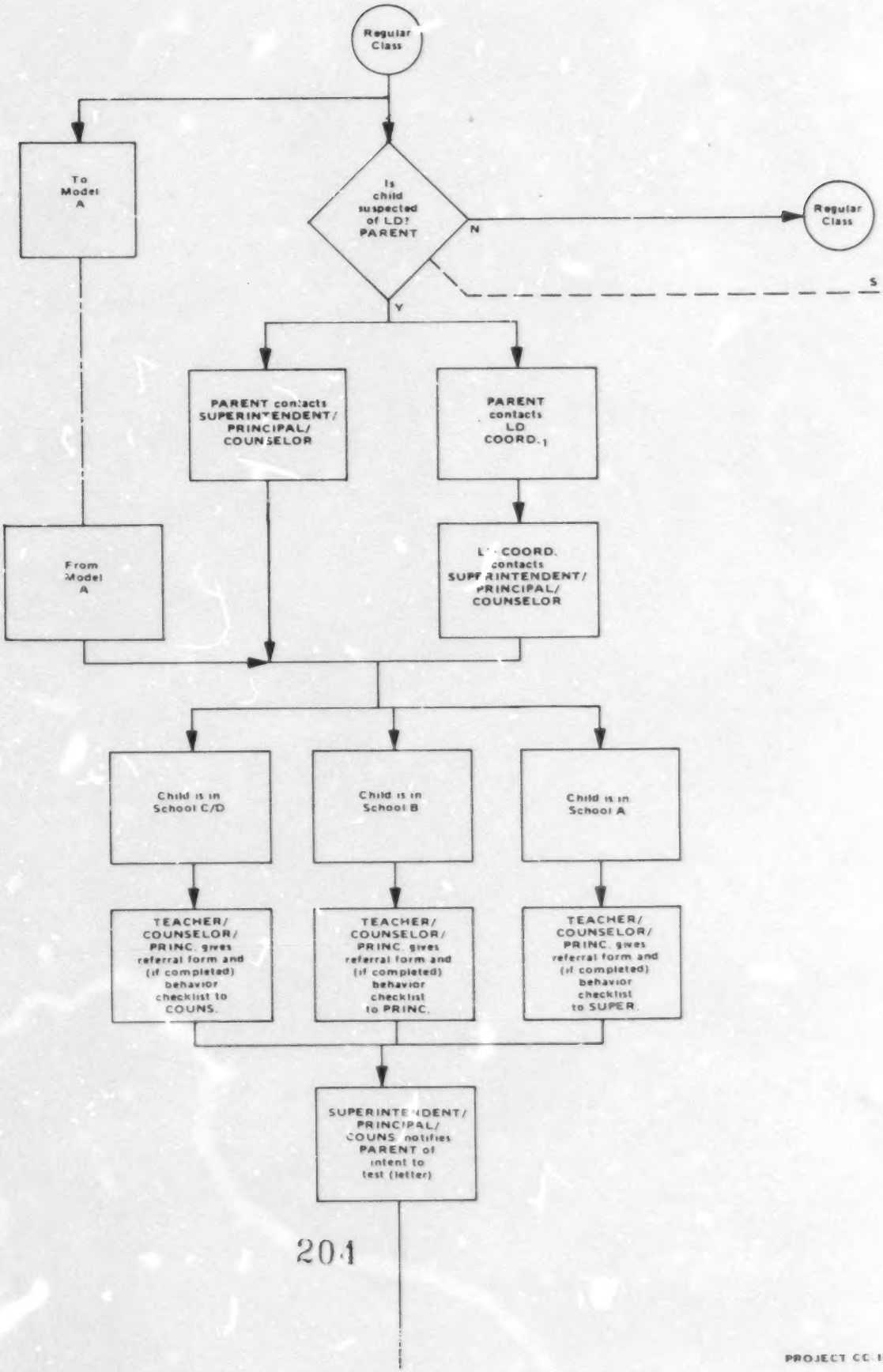
2. The essence of this system is to attempt to work with the child as quickly as possible with a minimum of testing. Other specialists may be called in to give itinerant service; e.g., Speech Therapist, Language Therapist, Visiting Teacher.

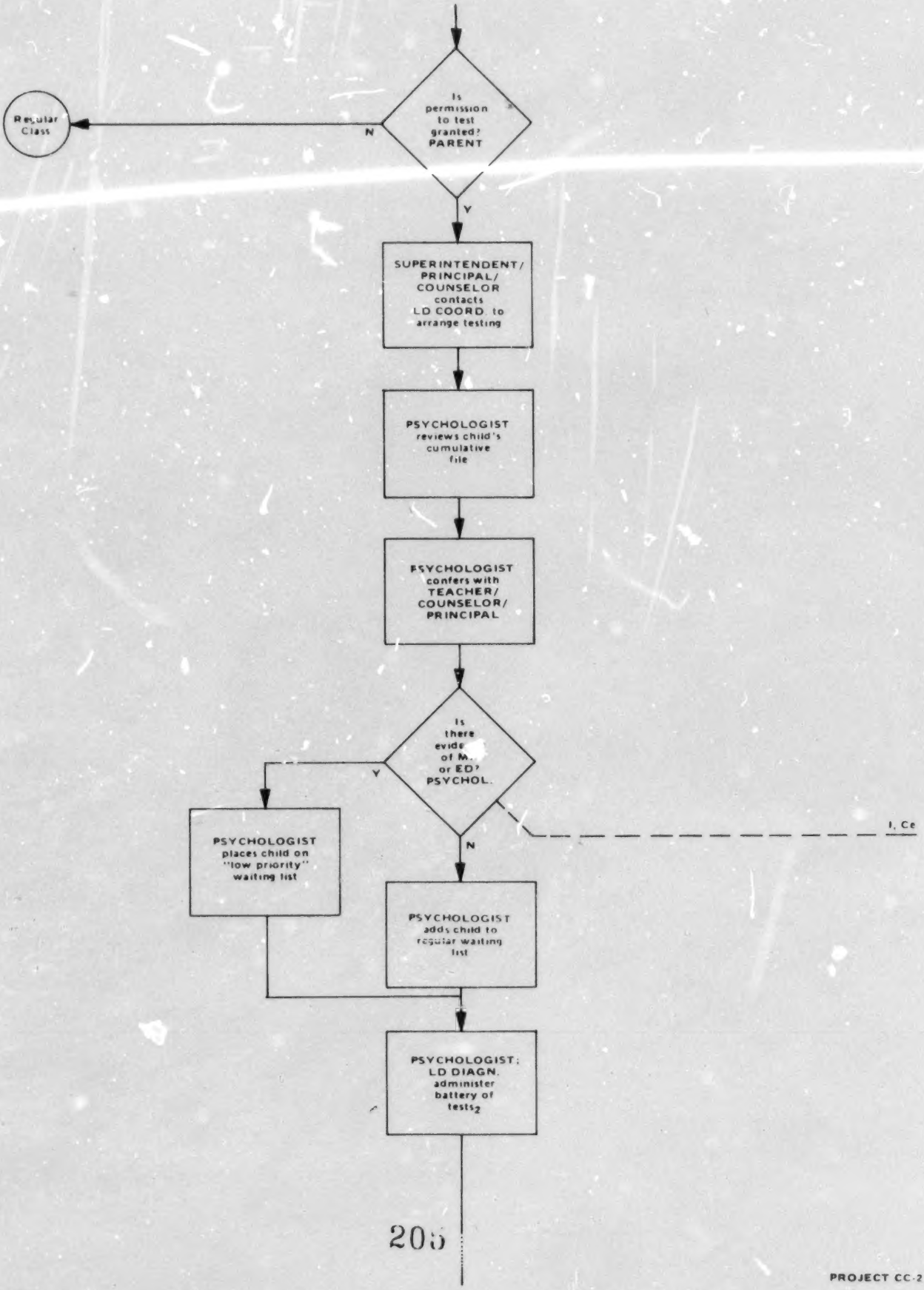
3. Exact tests not available or constant; determined by LD Coordinator (Diagnostician) and Psychologist.

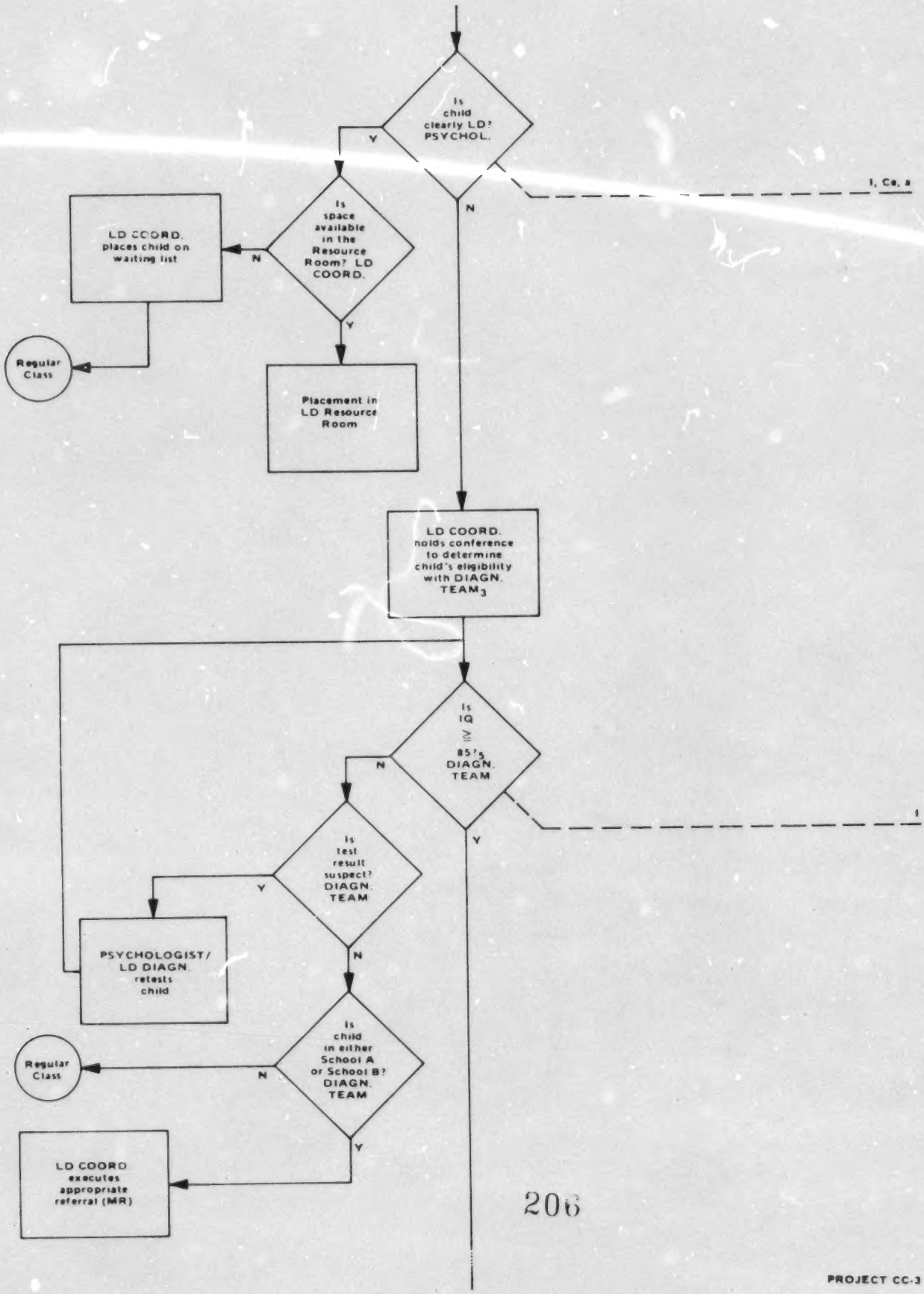
4. Tutoring means an itinerant LD Teacher.

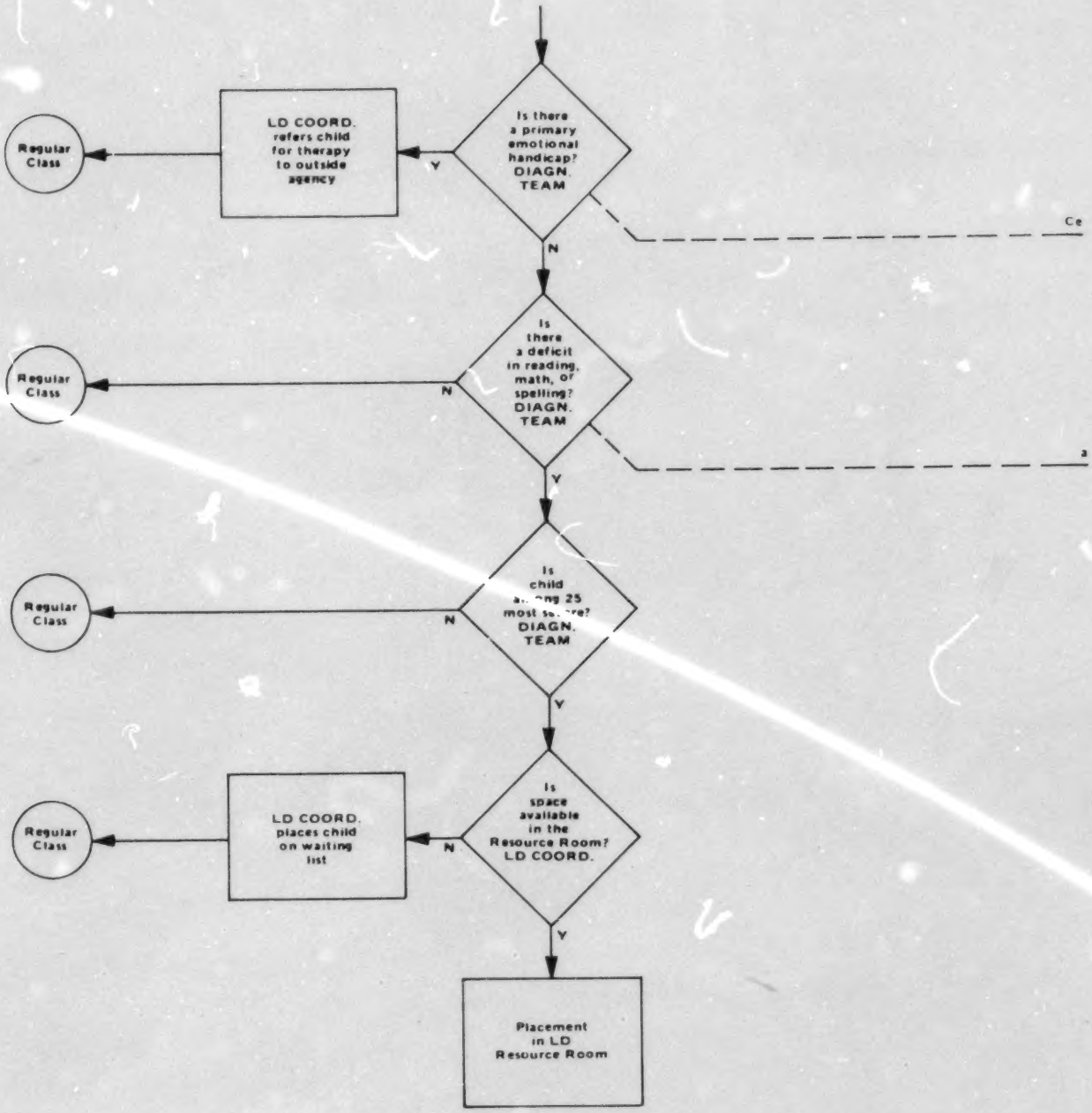


PROJECT CC 1A


Regular Class
To Model A
Is child suspected of LD? PARENT
N
Regular Class
S
Y
PARENT contacts SUPERINTENDENT/ PRINCIPAL/ COUNSELOR
PARENT contacts LD COORD.
From Model A
L' COORD. contacts SUPERINTENDENT/ PRINCIPAL/ COUNSELOR
Child is in School C/D
Child is in School B
Child is in School A
TEACHER/ COUNSELOR/ PRINC. gives referral form and (if completed) behavior checklist to COUNS.
TEACHER/ COUNSELOR/ PRINC. gives referral form and (if completed) behavior checklist to PRINC.
TEACHER/ COUNSELOR/ PRINC. gives referral form and (if completed) behavior checklist to SUPER.
SUPERINTENDENT/ PRINCIPAL/ COUNS. notifies PARENT of intent to test (letter)


Regular Class
N
Is permission to test granted? PARENT
Y
SUPERINTENDENT/ PRINCIPAL/ COUNSELOR contacts LD COORD. to arrange testing
PSYCHOLOGIST reviews child's cumulative file
PSYCHOLOGIST confers with TEACHER/ COUNSELOR/ PRINCIPAL
Is there evide of M.. or ED? PSYCHOL.
Y
N
I, Ce
PSYCHOLOGIST places child on "low priority" waiting list
PSYCHOLOGIST adds child to regular waiting list
PSYCHOLOGIST; LD DIAGN. administer battery of tests


Is child clearly LD? PSYCHOL.
Y
N
I, Ca, a
Is space available in the Resource Room? LD COORD.
N
Y
LD COORD. places child on waiting list
Regular Class
Placement in LD Resource Room
LD COORD. holds conference to determine child's eligibility with DIAGN. TEAM3
Is IQ ≥ 85's DIAGN. TEAM
N
Y
I
Is test result suspect? DIAGN. TEAM
Y
N
PSYCHOLOGIST/ LD DIAGN. retests child
Is child in either School A or School B? DIAGN. TEAM
N
Y
Regular Class
LD COORD executes appropriate referral (MR)


Is there a primary emotional handicap? DIAGN. TEAM
Y
LD COORD. refers child for therapy to outside agency
Regular Class
N
Is there a deficit in reading, math, or spelling? DIAGN. TEAM
N
Regular Class
Y
Is child among 25 most severe? DIAGN. TEAM
N
Regular Class
Y
Is space available in the Resource Room? LD COORD.
N
LD COORD. places child on waiting list
Regular Class
Y
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Letter: CC

2. Delivery System for Intervention: LD Resource Room (Grades 7-12)

3. Initial Entry: Referral (Teacher/Counselor/Principal/Parent)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Parent, Psychologist, Teacher, Counselor, Principal, Diagnostic Team (LD Coordinator, 2 LD Diagnosticians, Psychologist)

   b) Constraining decisions: LD Coordinator, Teacher, Counselor, Principal, Parent, Diagnostic Team (LD Coordinator, 2 LD Diagnosticians, Psychologist)

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

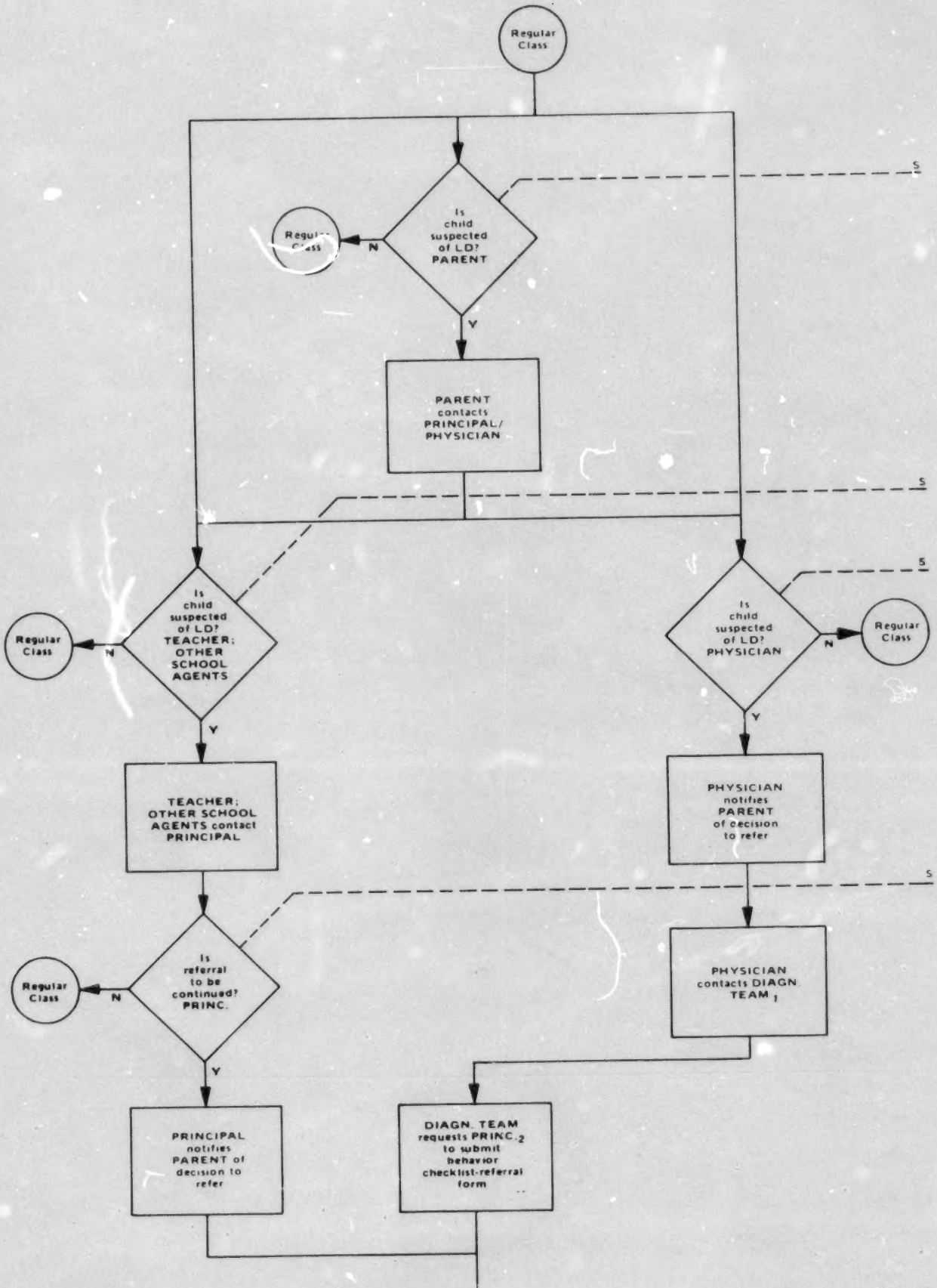
1. LD Coordinator is Title VI-G local project director.

2. Tests include WISC, WRAT, Durrell, Stanford Arithmetic and Reading, Projective Test (selected by Psychologist), Bender, Draw-A-Man, House-Tree-Person Test.

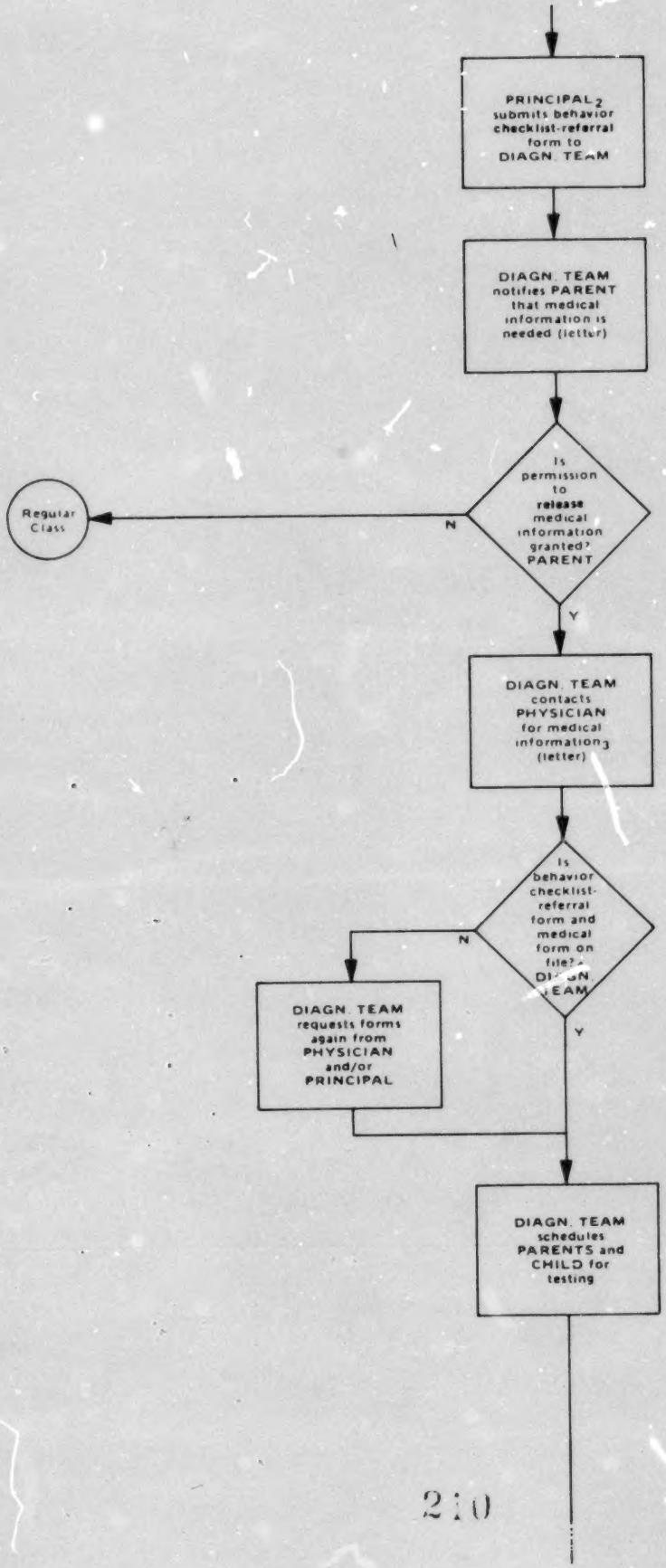
3. Diagnostic Team includes LD Coordinator, 2 LD Diagnosticians, and a Psychologist.

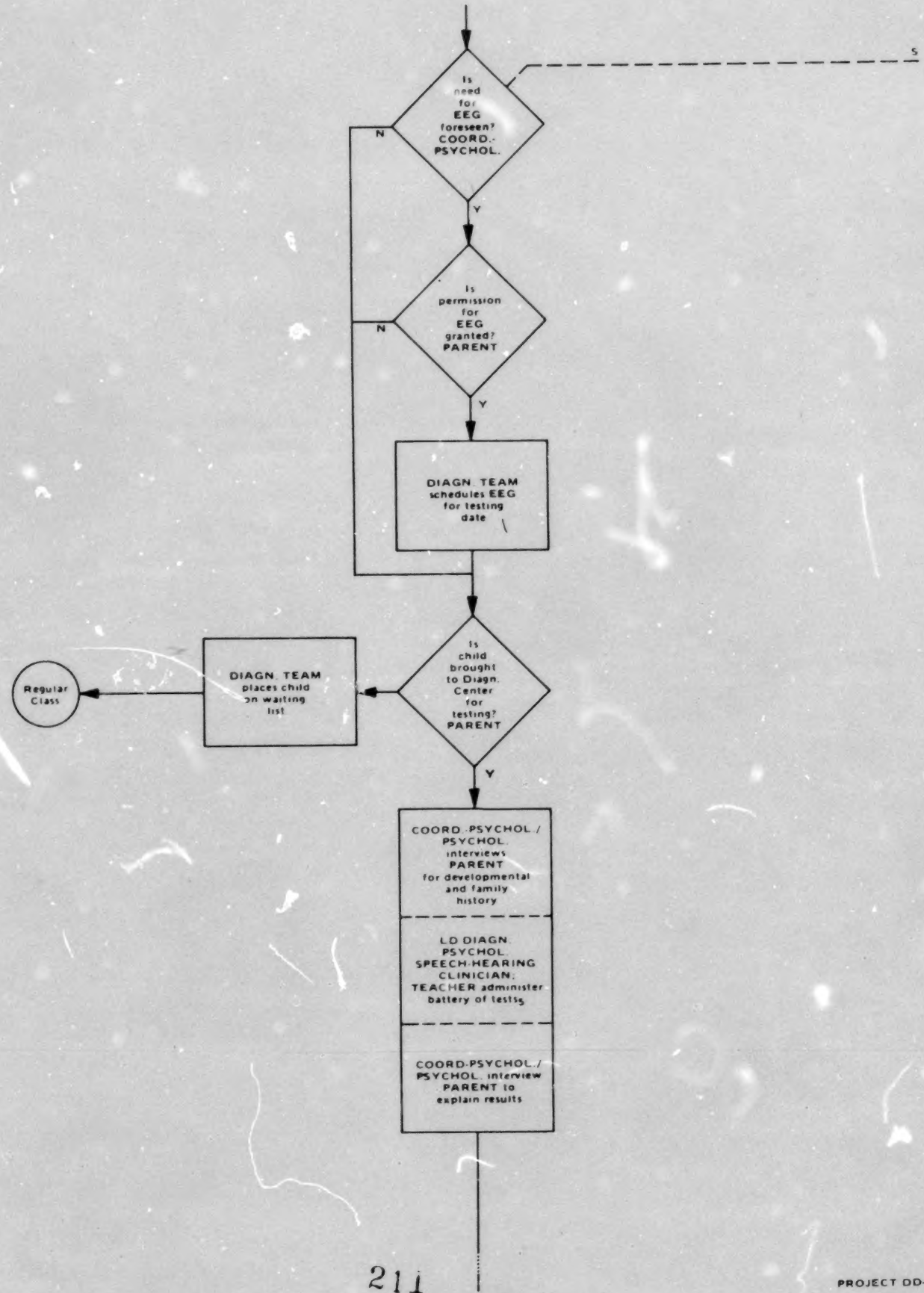
4. About 20% of referrals include checklist.

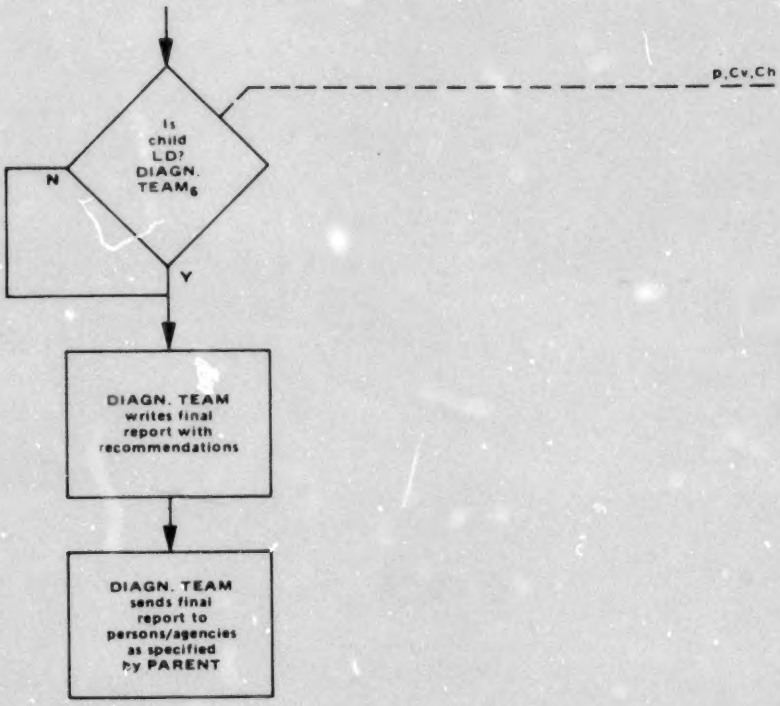
5. IQ is based on Full Scale.


Regular Class
Is child suspected of LD? PARENT
N
Y
PARENT contacts PRINCIPAL/ PHYSICIAN
Is child suspected of LD? TEACHER; OTHER SCHOOL AGENTS
Regular Class
N
Y
TEACHER; OTHER SCHOOL AGENTS contact PRINCIPAL
Is referral to be continued? PRINC.
Regular Class
N
Y
PRINCIPAL notifies PARENT of decision to refer
Is child suspected of LD? PHYSICIAN
Regular Class
N
Y
PHYSICIAN notifies PARENT of decision to refer
PHYSICIAN contacts DIAGN. TEAM 1
DIAGN. TEAM requests PRINC. 2 to submit behavior checklist-referral form
S
S
S
S

PROJECT DD-1


PRINCIPAL2 submits behavior checklist-referral form to DIAGN. TEAM
DIAGN. TEAM notifies PARENT that medical information is needed (letter)
Is permission to release medical information granted? PARENT
N
Regular Class
Y
DIAGN. TEAM contacts PHYSICIAN for medical information3 (letter)
Is behavior checklist-referral form and medical form on file? DIAGN. TEAM
N
DIAGN. TEAM requests forms again from PHYSICIAN and/or PRINCIPAL
Y
DIAGN. TEAM schedules PARENTS and CHILD for testing


5
Is need for EEG foreseen? COORD.-PSYCHOL.
N
Y
Is permission for EEG granted? PARENT
N
Y
DIAGN. TEAM schedules EEG for testing date
Is child brought to Diagn. Center for testing? PARENT
DIAGN. TEAM places child on waiting list
Regular Class
Y
COORD.-PSYCHOL./ PSYCHOL. interviews PARENT for developmental and family history
LD DIAGN. PSYCHOL. SPEECH-HEARING CLINICIAN; TEACHER administer battery of tests
COORD-PSYCHOL./ PSYCHOL. interview PARENT to explain results


P,Cv,Ch
Is child LD? DIAGN. TEAM$_6$
N
Y
DIAGN. TEAM writes final report with recommendations
DIAGN. TEAM sends final report to persons/agencies as specified by PARENT

I. GENERAL INFORMATION

1. Project Code Letter: DD

2. Delivery System for Intervention: LD Consultative (Ages 3-12)

3. Initial Entry: Referral (School/Physician)

4. Personnel Involved in Decision-Making:

a) Eligibility decisions: Parent
Physician
Teacher
Other School Agents
Principal
Coordinator-Psychologist
Diagnostic Team (LD Diagnostician, Psychologists, Coordinator, Speech & Hearing Clinician, Instructional Materials Specialist, Teacher)

b) Constraining decisions: Parent
Diagnostic Team (LD Diagnostician, Psychologists, Coordinator, Speech & Hearing Clinician, Instructional Material Specialist, Teacher)

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. No one person is specified. It is assumed that referrals are all processed thru a standard procedure which does not require that any one person in particular be contacted, since all Team members operate out of a Diagnostic Center. The Center staff consists of 2 LD Diagnosticians, 3 Psychologists (one of whom serves as coordinator), 1 Speech-Hearing Clinician, 1 Instructional Materials Specialist, 1 Teacher.

2. Although the Principal is not necessarily the one who completes the form (he may request any staff member(s) to do this), he is responsible for submitting it to the Diagnostic Center.

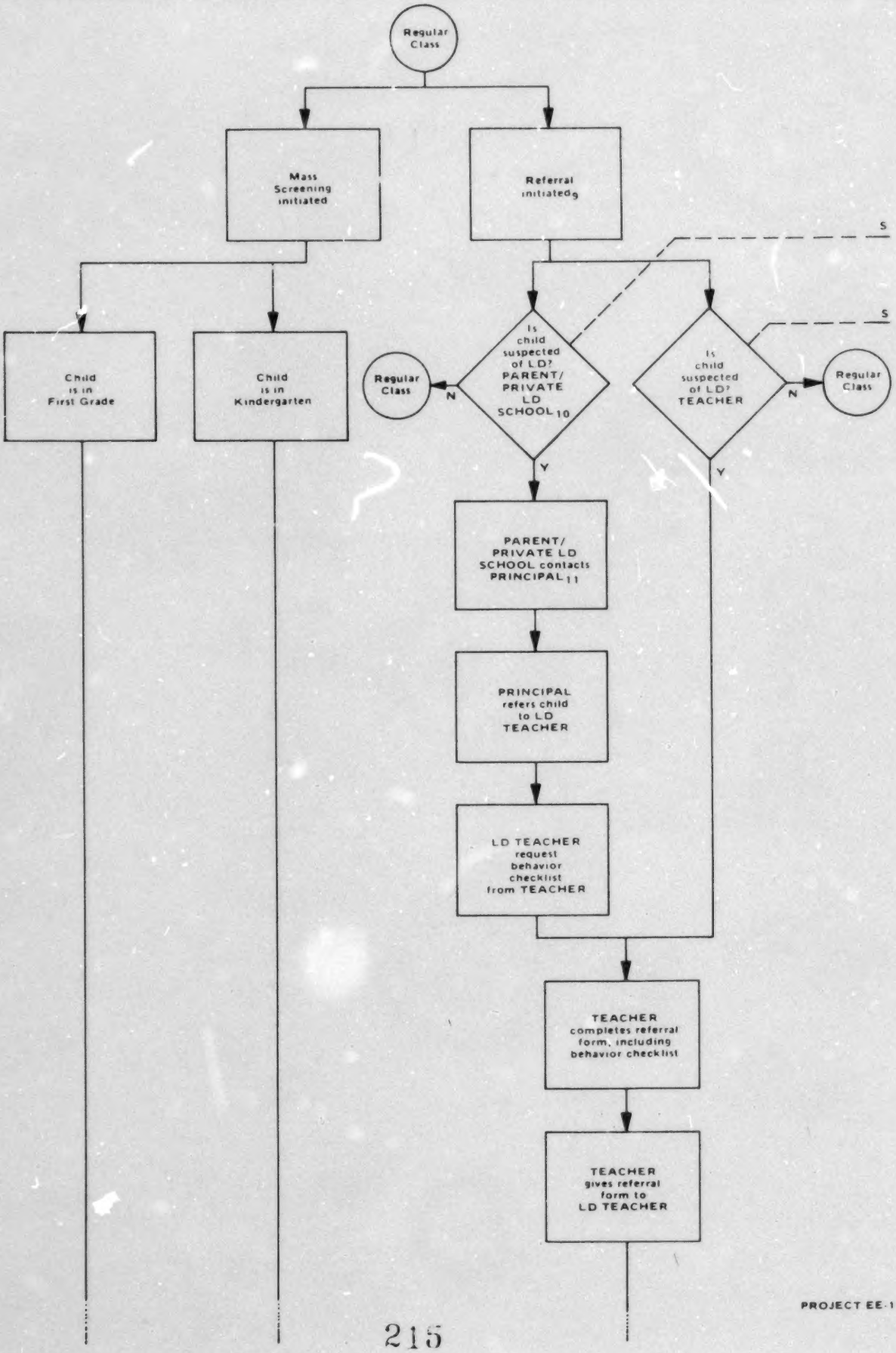
3. The Physician is asked to complete a checklist and descriptive form relating to child's behavior and suspected causes, developmental history, relevant family history current medications, similar problems in siblings.

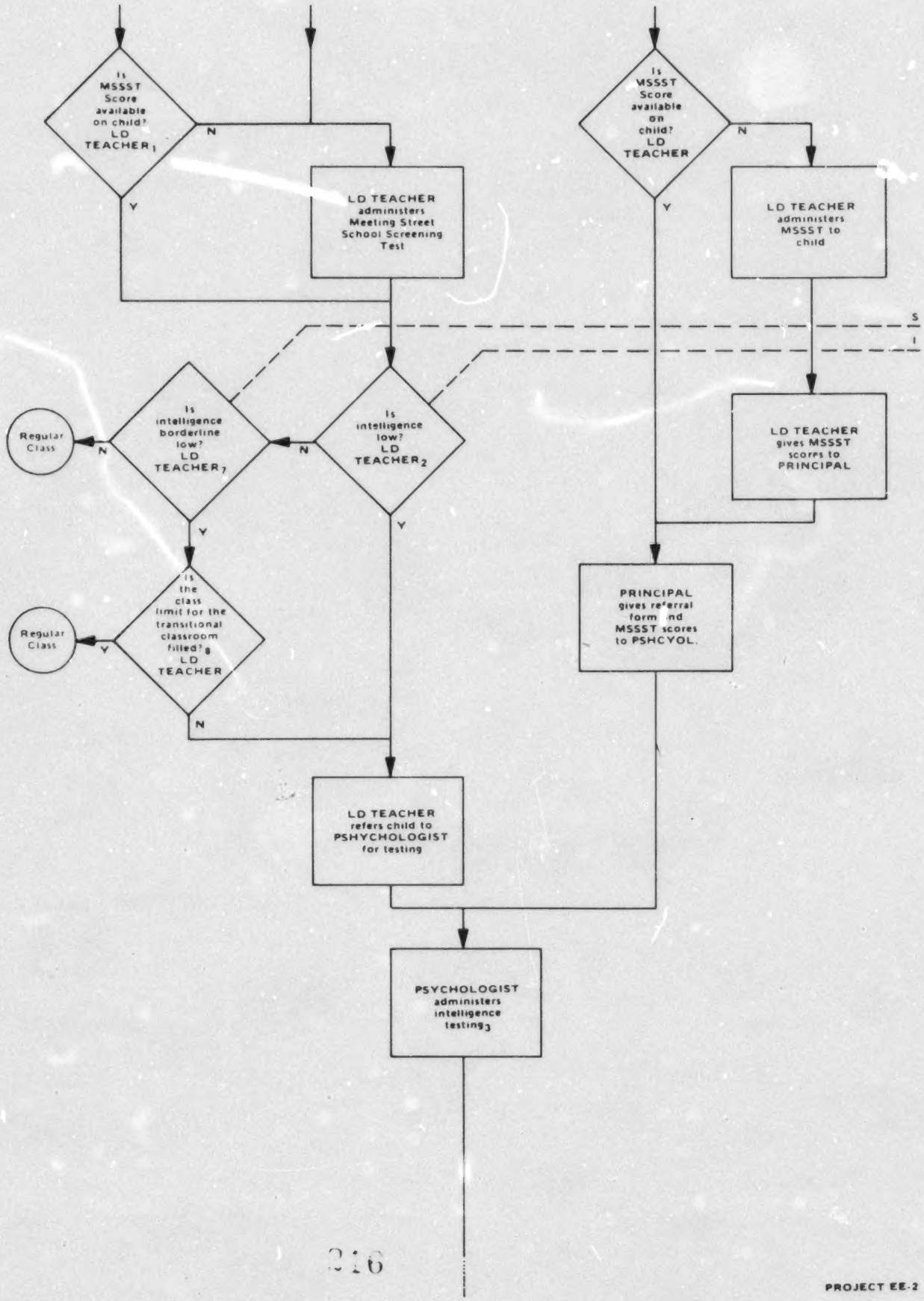
4. In many cases the available medical information is missing entirely or extremely inadequate.

5. Specific tests used are not know, but evaluation is made in the following areas: intelligence, behavior, vision, hearing, speech, language, academic.

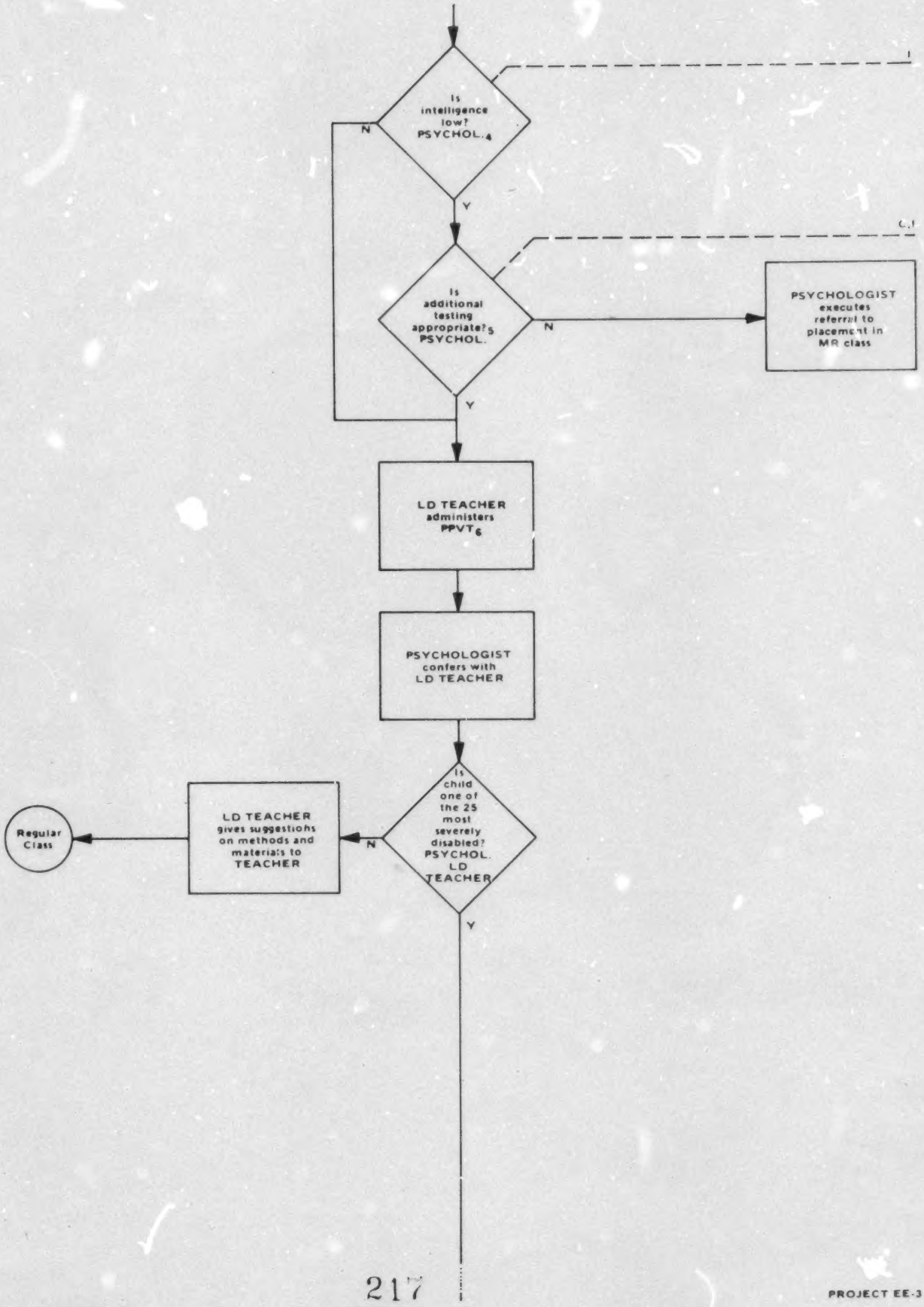
6. The Coordinator-Psychologist appears to be most influential in this decision. It is difficult to determine very exact criteria, however, deficits in some psychological processes are considered relevant. It also appears likely, since vision and hearing screening are done, that these are considered as

elimination factors. Intelligence is not applied as a relevant criteria, while conditions of environment are believed to be highly relevant causes of LD. It should be noted that the Diagnostic Center is concerned with evaluating and recommending solutions for all children referred, as such, the emphasis is not really on identifying LD children.

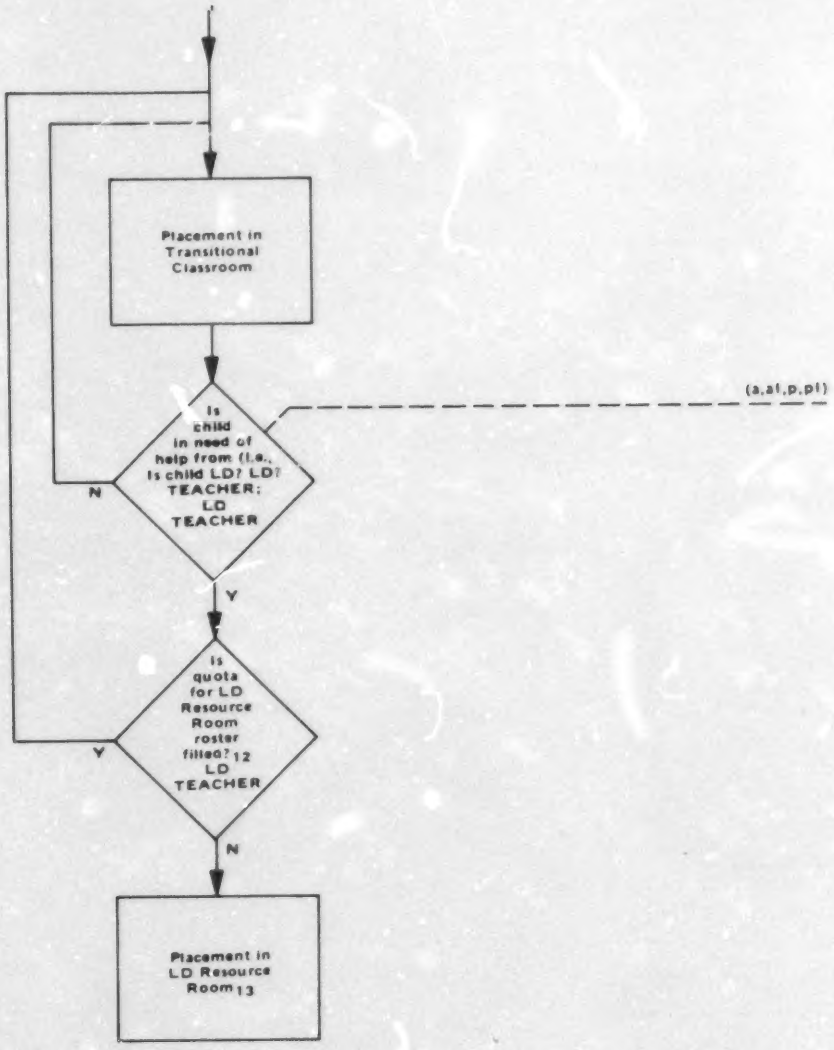

Regular Class
Mass Screening initiated
Referral initiated9
S
S
Child is in First Grade
Child is in Kindergarten
Regular Class
N
Is child suspected of LD? PARENT/ PRIVATE LD SCHOOL10
Y
Is child suspected of LD? TEACHER
N
Regular Class
Y
PARENT/ PRIVATE LD SCHOOL contacts PRINCIPAL11
PRINCIPAL refers child to LD TEACHER
LD TEACHER request behavior checklist from TEACHER
TEACHER completes referral form, including behavior checklist
TEACHER gives referral form to LD TEACHER
PROJECT EE-1


Is MSSST Score available on child? LD TEACHER1
N
Y
LD TEACHER administers Meeting Street School Screening Test
Is MSSST Score available on child? LD TEACHER
N
Y
LD TEACHER administers MSSST to child
S
I
Is intelligence borderline low? LD TEACHER7
N
Regular Class
Is intelligence low? LD TEACHER2
N
Y
LD TEACHER gives MSSST scorps to PRINCIPAL
Y
Is the class limit for the transitional classroom filled?8 LD TEACHER
Y
Regular Class
N
PRINCIPAL gives referral form and MSSST scores to PSHCYOL.
LD TEACHER refers child to PSHYCHOLOGIST for testing
PSYCHOLOGIST administers intelligence testing3

PROJECT EE-2


Is intelligence low? PSYCHOL.4
N
Y
Is additional testing appropriate? PSYCHOL.5
N
PSYCHOLOGIST executes referral to placement in MR class
Y
LD TEACHER administers PPVT6
PSYCHOLOGIST confers with LD TEACHER
Is child one of the 25 most severely disabled? PSYCHOL. LD TEACHER
N
LD TEACHER gives suggestions on methods and materials to TEACHER
Regular Class
Y

PROJECT EE-3


Placement in Transitional Classroom
Is child in need of help from (i.e., Is child LD? LD? TEACHER; LD TEACHER
(a,al,p,pl)
N
Y
Is quota for LD Resource Room roster filled? 12 LD TEACHER
Y
N
Placement in LD Resource Room 13

I. GENERAL INFORMATION

1. Project Code Letter: EE

2. Delivery System for Intervention: LD Resource Room (Combined with Transitional Classes) (Grades 1-2)

3. Initial Entry: Referral (Teacher/Parent/LD Private School)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: LD Teacher
   Teacher
   Psychologist
   Parent
   Private LD School

   b) Constraining decisions: LD Teacher
   Psychologist

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. This means, "Was the Meeting Street School Screening Test given to the child in Kindergarten?"

2. The question is a broad one, based on results of the MSSST, the criterion here is: "Is the child in the lowest quartile on the MSSST?"

3. Testing includes WISC or Binet, plus any other tests Psychologist (who is half time) may choose, such as Bender.

4. Is IQ lower than 85 on Binet or WISC?

5. What is being asked here is: "Should the child still be considered for a transitional class (and therefore LD Resource Room services), even though his IQ is low on testing?"

6. PPVT is used as both a check on previous "intelligence" tests, and as a language test to aid in teaching.

7. Translated, this means is his MSSST score in the second lowest quartile or should the child be suspected of LD?

8. Transitional classes are provided for children after Kindergarten and 1st Grade, the limit is 25 children per class per school, children for LD Resource Room are selected from these classes.

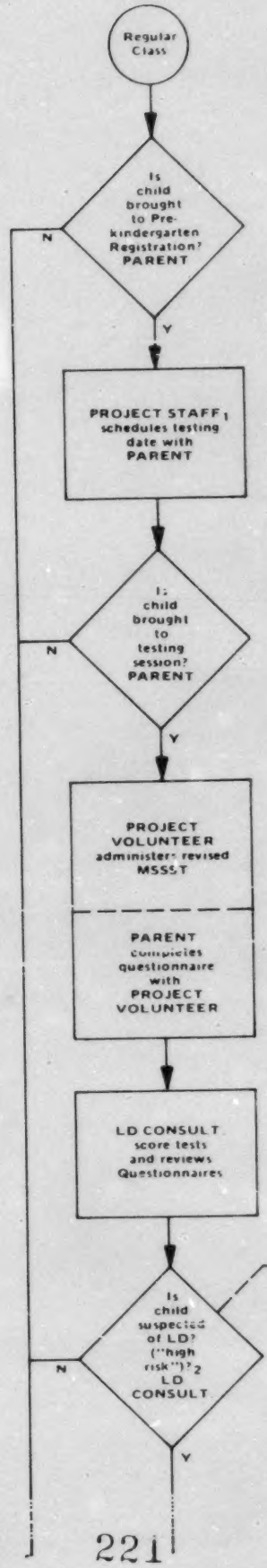
9. Whether or not Mass Screening was initiated, a child can be referred anytime by Teachers, or Other Agent.

10. There is a private school for children with LD that refers children when they attend the regular schools, no specific official is indicated through whom referrals occur.

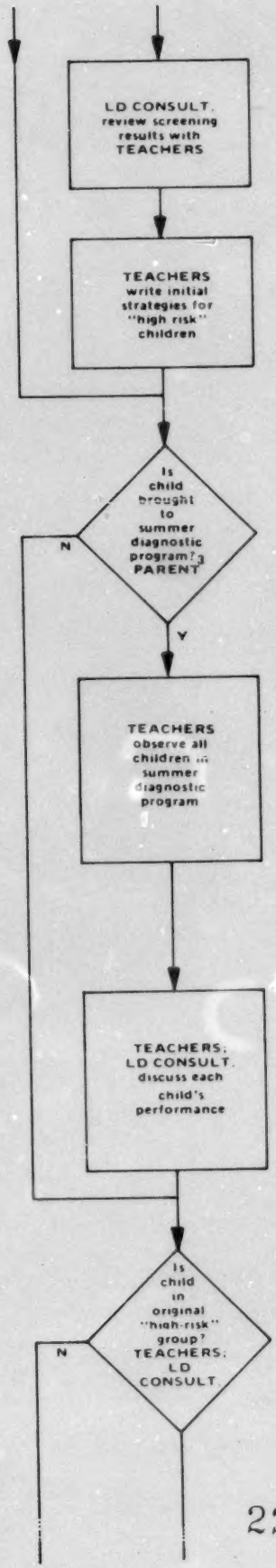
11. The Principals in this districts are call Director of School.

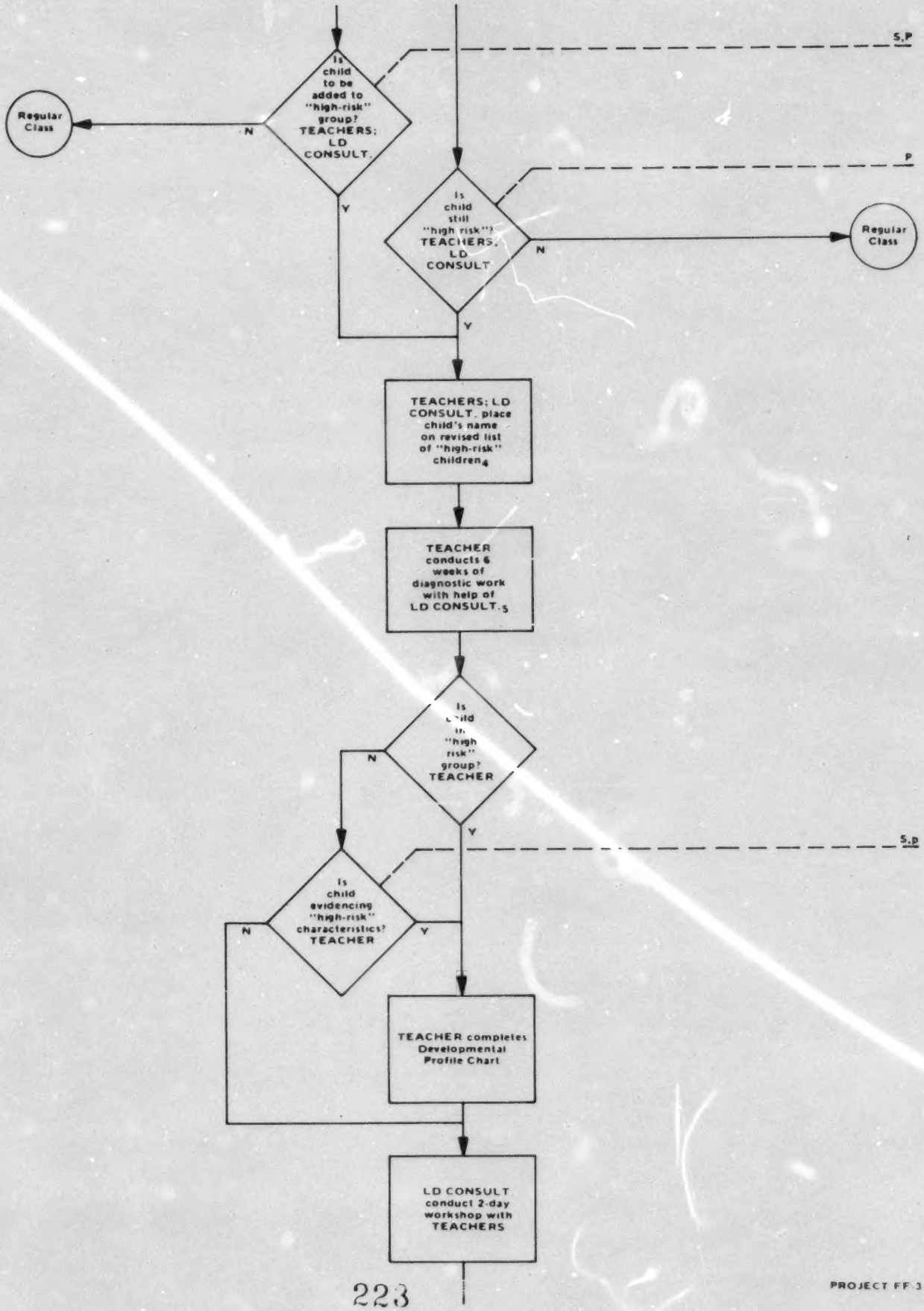
12. There is a limit of 20 imposed on the LD Resource Room Teacher.

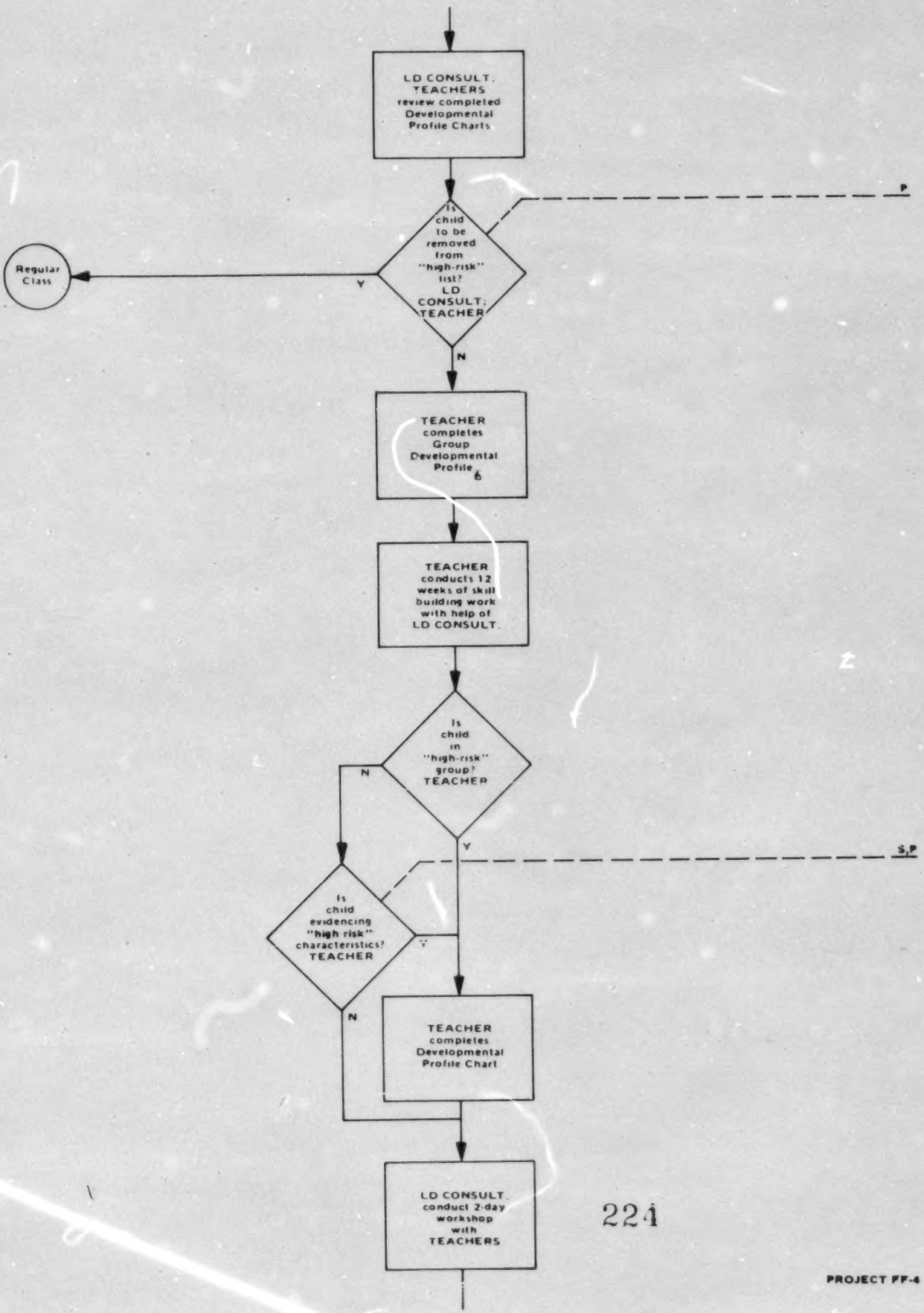
13. Of course, the child's basic placement remains the Transitional Classroom.


Regular Class
Is child brought to Pre-kindergarten Registration? PARENT
N
Y
PROJECT STAFF[1] schedules testing date with PARENT
Is child brought to testing session? PARENT
N
Y
PROJECT VOLUNTEER administers revised MSSST
PARENT completes questionnaire with PROJECT VOLUNTEER
LD CONSULT score tests and reviews Questionnaires
S.P
Is child suspected of LD? ("high risk")[2] LD CONSULT
N
Y

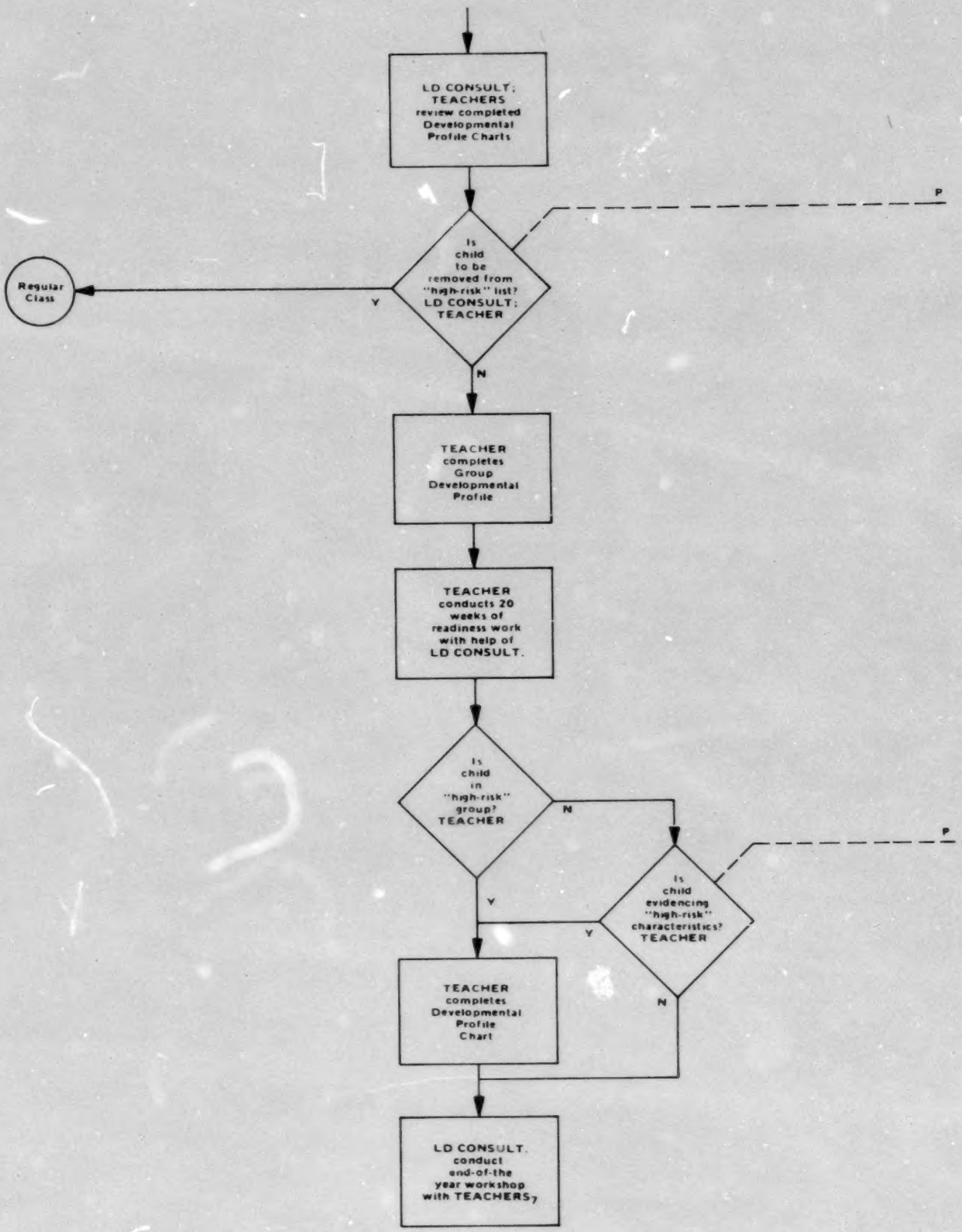
PROJECT FF-1


LD CONSULT. review screening results with TEACHERS
TEACHERS write initial strategies for "high risk" children
Is child brought to summer diagnostic program? PARENT
N
Y
TEACHERS observe all children in summer diagnostic program
TEACHERS; LD CONSULT. discuss each child's performance
Is child in original "high-risk" group? TEACHERS; LD CONSULT.
N


S,P
Is child to be added to "high-risk" group? TEACHERS; LD CONSULT.
N
Regular Class
Y
P
Is child still "high risk"? TEACHERS, LD CONSULT
N
Regular Class
Y
TEACHERS; LD CONSULT. place child's name on revised list of "high-risk" children4
TEACHER conducts 6 weeks of diagnostic work with help of LD CONSULT.5
Is child in "high risk" group? TEACHER
N
Y
S,p
Is child evidencing "high-risk" characteristics? TEACHER
N
Y
TEACHER completes Developmental Profile Chart
LD CONSULT conduct 2-day workshop with TEACHERS


LD CONSULT. TEACHERS review completed Developmental Profile Charts
P
Is child to be removed from "high-risk" list? LD CONSULT; TEACHER
Y
Regular Class
N
TEACHER completes Group Developmental Profile
TEACHER conducts 12 weeks of skill building work with help of LD CONSULT.
Is child in "high-risk" group? TEACHER
N
Y
S,P
Is child evidencing "high risk" characteristics? TEACHER
Y
N
TEACHER completes Developmental Profile Chart
LD CONSULT. conduct 2-day workshop with TEACHERS

PROJECT FF-4


LD CONSULT; TEACHERS review completed Developmental Profile Charts
P
Is child to be removed from "high-risk" list? LD CONSULT; TEACHER
Regular Class
Y
N
TEACHER completes Group Developmental Profile
TEACHER conducts 20 weeks of readiness work with help of LD CONSULT.
Is child in "high-risk" group? TEACHER
N
P
Is child evidencing "high-risk" characteristics? TEACHER
Y
Y
N
TEACHER completes Developmental Profile Chart
LD CONSULT. conduct end-of-the year workshop with TEACHERS,

I. GENERAL INFORMATION

1. Project Code Letter: FF

2. Delivery System for Intervention: LD Consultative (Ages 3-5)

3. Initial Entry: Referral (Teacher)
   Mass Screening (revised MSSST)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: LD Consultant
      Teacher

   b) Constraining decisions: Parent
      Teacher
      LD Consultant

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. It is unclear exactly who makes this appointment, but most likely it is done by one of the volunteers trained by the project to administer the screening test. In addition to the volunteers, the Title VI-G Project staff includes an LD Coordinator, and several LD Consultants, each of whom has some special area of expertise. In general the staff is a support system for the LD Consultants in the schools and the teachers. The amount of support is diminished over time, through thorough training programs.

2. A child who falls below the cut-off point in the revised MSSST is classified as "high risk." Generally the cut-off is set at a raw score of 32, although communities are advised to adjust this if necessary to better reflect their population. Generally, this averages out to about the lowest 40% who are "high risk." The parent questionnaire is used only as supplemental data, and no child is included or excluded on the basis of this instrument.

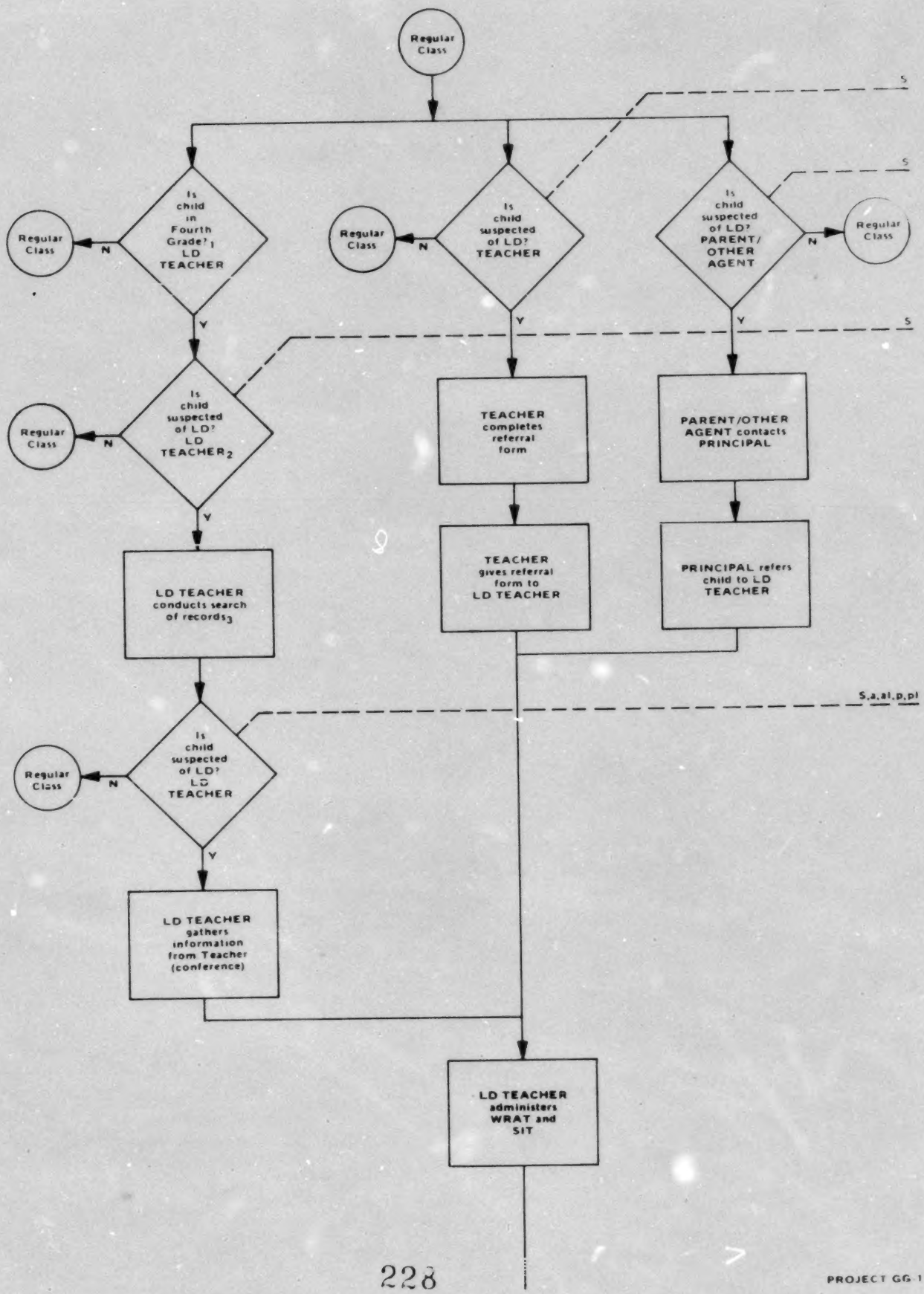
3. The summer diagnostic session last for 2 days. On Day #1, the Teachers and LD Consultants review the screening data and write tentative prescriptions for the "high-risk" children. On Day #2, all children - "high-risk" and "non-high-risk" - spend one day in a simulated kindergarten, for the purposes of introducing the child to his class, orienting parents to the program, and allowing teachers to observe the children and modify (if necessary) their original decisions and strategies.

4. Factors that affect this revision include: parents report about child's condition at testing (e.g. sick); volunteers' comments about child test book; child's behavior and performance during summer diagnostic program. This group will be continuously revised during the year. As children appear to no longer need careful observation and extra work, they are removed from the "high-risk: group, and as new children appear to need extra help, they are added to the "high-risk" group.

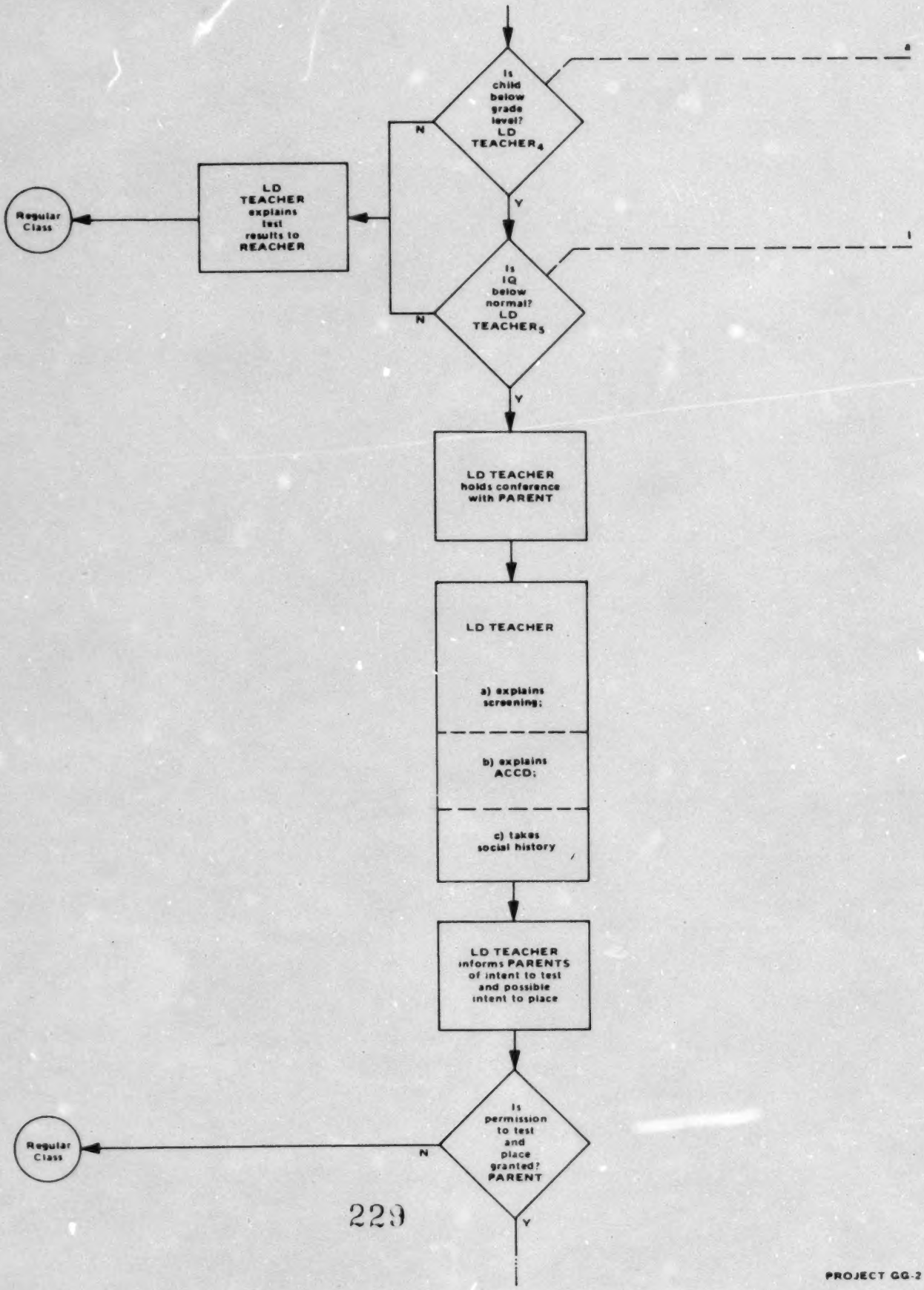
5. During the entire year, a School Planning Team meets weekly to support the efforts of the LD Consultant and Teachers, to review all childrens' progress, and to consider alternative solutions to a particular child's problem. This Team consists of the LD Consultant, Teachers, Guidance Counselor and in some schools, the Principal.

6. The group profile combines all the ratings on the individual Developmental Profile Charts to provide a picture of the class learning patterns. This is used by the Teacher to group children and to establish priorities in the selection of content and methods of teaching.

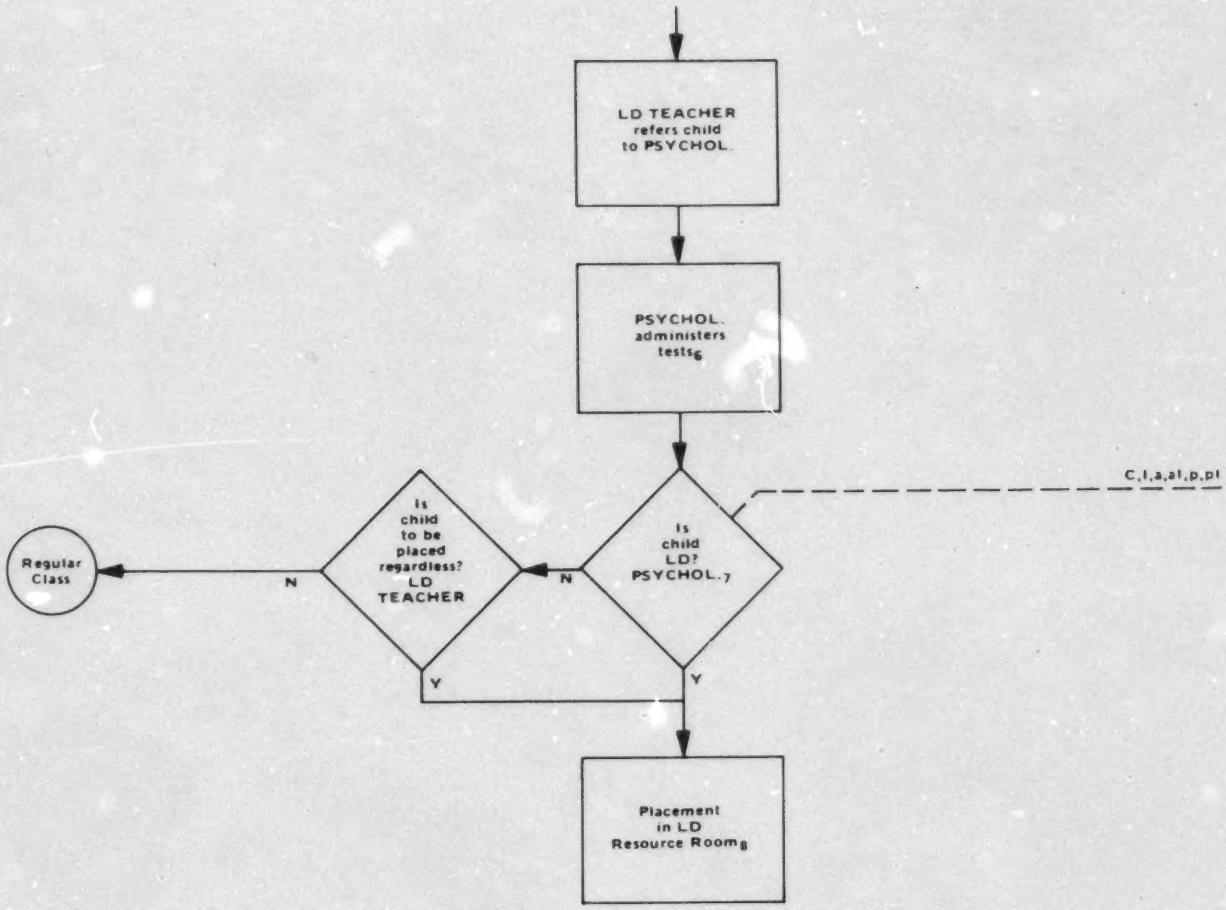
7. At this workshop, the year's work is reviewed and plans are made for all children for the first grade with emphasis on those in the current "high-risk" group.


Regular Class
S
Is child in Fourth Grade?1 LD TEACHER
N
Regular Class
Y
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is child suspected of LD? PARENT/ OTHER AGENT
N
Regular Class
S
Y
S
Is child suspected of LD? LD TEACHER2
N
Regular Class
Y
TEACHER completes referral form
PARENT/OTHER AGENT contacts PRINCIPAL
LD TEACHER conducts search of records3
TEACHER gives referral form to LD TEACHER
PRINCIPAL refers child to LD TEACHER
S,a,al,p,pl
Is child suspected of LD? LD TEACHER
N
Regular Class
Y
LD TEACHER gathers information from Teacher (conference)
LD TEACHER administers WRAT and SIT

PROJECT GG 1


Is child below grade level? LD TEACHER4
N
Y
LD TEACHER explains test results to REACHER
Regular Class
Is IQ below normal? LD TEACHER5
N
Y
LD TEACHER holds conference with PARENT
LD TEACHER
a) explains screening;
b) explains ACCD;
c) takes social history
LD TEACHER informs PARENTS of intent to test and possible intent to place
Is permission to test and place granted? PARENT
N
Regular Class
Y

PROJECT GG-2


LD TEACHER refers child to PSYCHOL.
PSYCHOL. administers tests6
Is child LD? PSYCHOL.7
C,I,a,aI,p,pI
Is child to be placed regardless? LD TEACHER
N
Regular Class
N
Y
Y
Placement in LD Resource Room8

I. GENERAL INFORMATION

1. Project Code Letter: GG

2. Delivery System for Intervention: LD Resource Room (Grades 1-5)

3. Initial Entry: Referral (Teacher/Parent/Other Agent)
   Mass Screening (Records Search)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher, LD Teacher, Parent, Other Agent, Psychologist

   b) Constraining decisions: LD Teacher, Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. A "Records Search" approach is only used on fourth graders; however, any student, including fourth graders, may come through the other systems entries.

2. This is decided by talking to other teachers.

3. CTBS is always available as a State requirement; others might include: Metropolitan, IGE, Fountain Valley Diagnostic Tests.

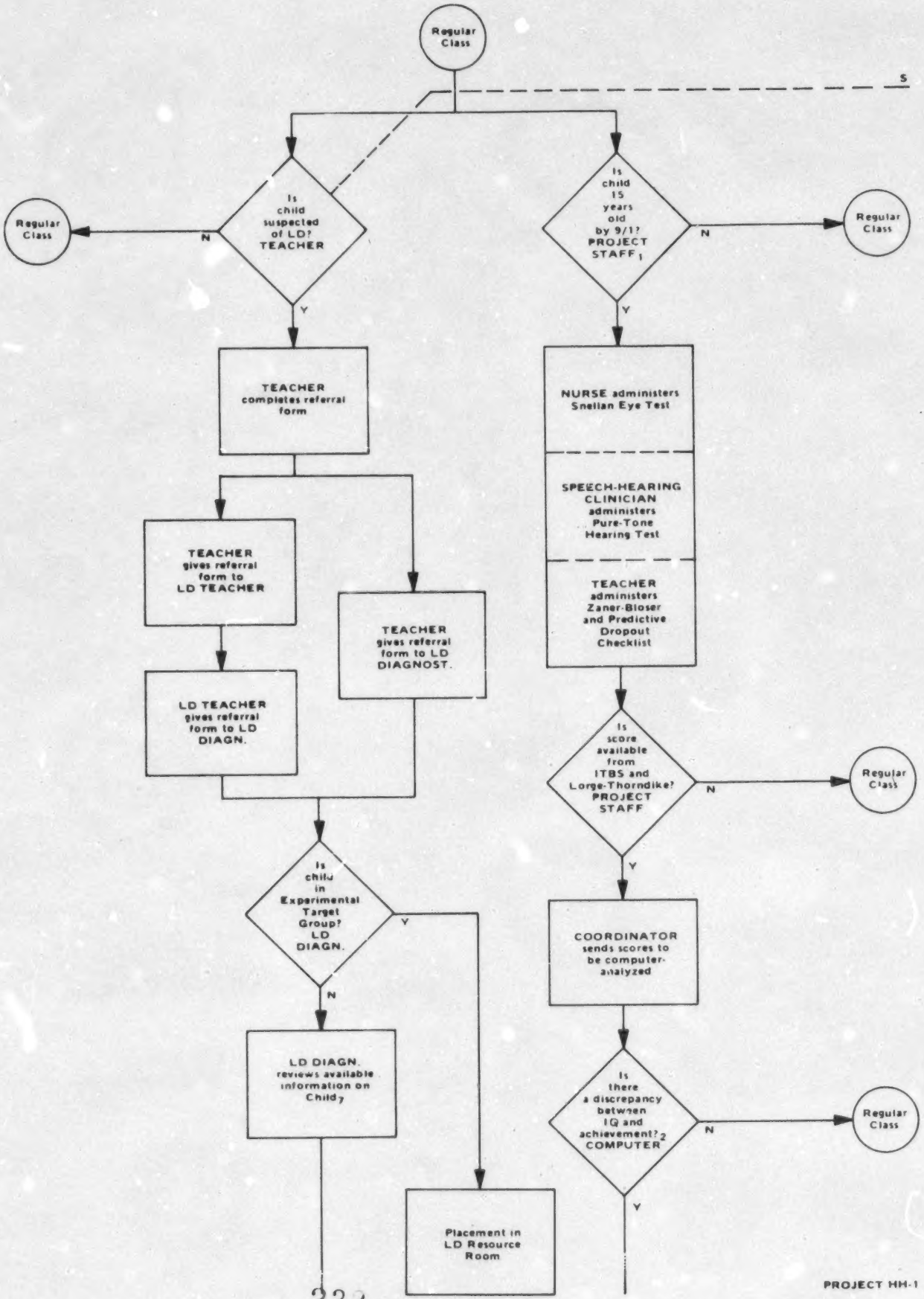
4. For Kindergarten a 6-month deficit is considered low; for grades 1-4 the criterion is 1½ years down; for grades 5-6 it is 2 years down.

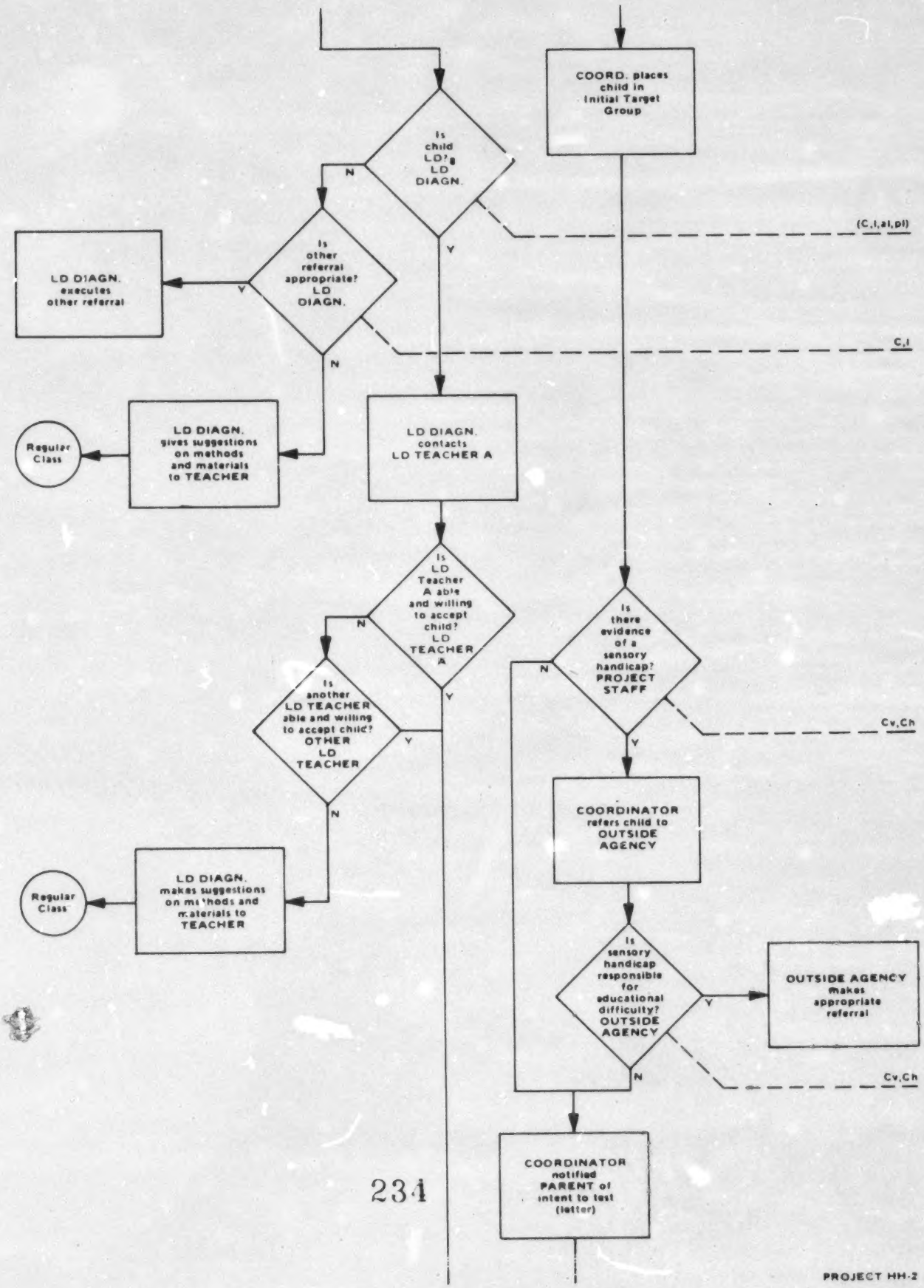
5. The IQ cut-off was 90, unless the quota for the resource room was unfilled; then LD Teacher could decide to take.

6. Tests include a) individual IQ test; b) achievement test, and c) 2 other non-specified tests (e.g. ITPA, Bender, Purdue, Detroit, Cooper-Smith Rating Form)

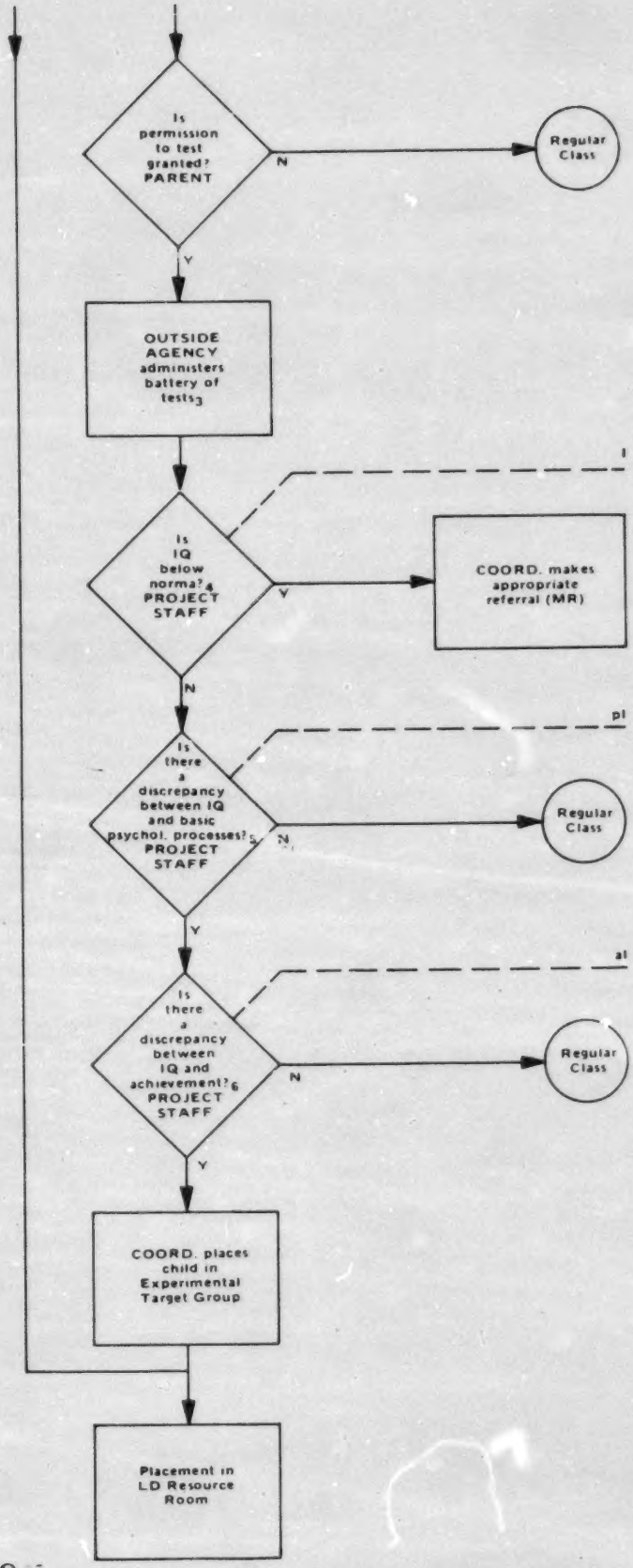
7. Exact decisions made by Psychologist are unknown; however, subsequent testing by LD Teacher used criteria:
   a) discrepancies on IQ test,
   b) average IQ (=90),
   c) low performance (see footnote 4),
   d) low IQ, plus "LD pattern" (i.e., achievement below grade and expectancy)
   e) weakness in one or more process areas,
   f) no other handicaps

8. The LD Resource Room may be exclusively LD or it may include some EMH. After the placement is decided, a series of tests are given to aid in programming. Educational testing administered by the Resource Teacher includes: STanford (Reading or Math); Personality Questionnaire; School Attitude Survey; Optional others.


Regular Class
5
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is child 15 years old by 9/1? PROJECT STAFF 1
N
Regular Class
Y
TEACHER completes referral form
NURSE administers Snellan Eye Test
SPEECH-HEARING CLINICIAN administers Pure-Tone Hearing Test
TEACHER administers Zaner-Bloser and Predictive Dropout Checklist
TEACHER gives referral form to LD TEACHER
TEACHER gives referral form to LD DIAGNOST.
LD TEACHER gives referral form to LD DIAGN.
Is score available from ITBS and Lorge-Thorndike? PROJECT STAFF
N
Regular Class
Y
Is child in Experimental Target Group? LD DIAGN.
Y
N
COORDINATOR sends scores to be computer-analyzed
LD DIAGN. reviews available information on Child 7
Is there a discrepancy between IQ and achievement? 2 COMPUTER
N
Regular Class
Y
Placement in LD Resource Room
PROJECT HH-1


COORD. places child in Initial Target Group
Is child LD? LD DIAGN.
N
Y
(C,I,al,pl)
Is other referral appropriate? LD DIAGN.
Y
LD DIAGN. executes other referral
C,I
N
Regular Class
LD DIAGN. gives suggestions on methods and materials to TEACHER
LD DIAGN. contacts LD TEACHER A
Is LD Teacher A able and willing to accept child? LD TEACHER A
N
Y
Is another LD TEACHER able and willing to accept child? OTHER LD TEACHER
Y
N
Regular Class
LD DIAGN. makes suggestions on methods and materials to TEACHER
Is there evidence of a sensory handicap? PROJECT STAFF
N
Y
Cv,Ch
COORDINATOR refers child to OUTSIDE AGENCY
Is sensory handicap responsible for educational difficulty? OUTSIDE AGENCY
Y
OUTSIDE AGENCY makes appropriate referral
N
Cv,Ch
COORDINATOR notified PARENT of intent to test (letter)

PROJECT HH-2


Is permission to test granted? PARENT
N
Regular Class
Y
OUTSIDE AGENCY administers battery of tests3
Is IQ below norma?4 PROJECT STAFF
Y
COORD. makes appropriate referral (MR)
N
Is there a discrepancy between IQ and basic psychol. processes?5 PROJECT STAFF
N
Regular Class
Y
Is there a discrepancy between IQ and achievement?6 PROJECT STAFF
N
Regular Class
Y
COORD. places child in Experimental Target Group
Placement in LD Resource Room

PROJECT HH-3

I. GENERAL INFORMATION

1. Project Code Letter: HH

2. Delivery System for Intervention: LD Resource Room (Grade 10)

3. Initial Entry: Referral (Teacher)
   Mass Screening (ITBS; Lorge-Thorndike

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Computer, Project Staff, Outside Agency, Teacher, LD Diagnostician

   b) Constraining decisions: Project Staff (Coordinator, LD Diagnostician, LD Teachers, LD Consultants), Parent, LD Diagnostician, LD Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Project Staff includes a Coordinator, and LD Diagnostician, several LD teachers (in addition to those in the school), several LD consultants. The term Project Staff is used whenever it is unclear which member(s) had responsibility for some activity or decisions. In this use, there were probably several staff persons who checked the records for the age information.

2. This is a strict statistical decision. The discrepancy must be 2 or more years, and must occur in 2 or more areas.

3. Battery included WISC, Detroit, Lincoln-Oseretsky, Stanford Reading, Standard Arithmetic.

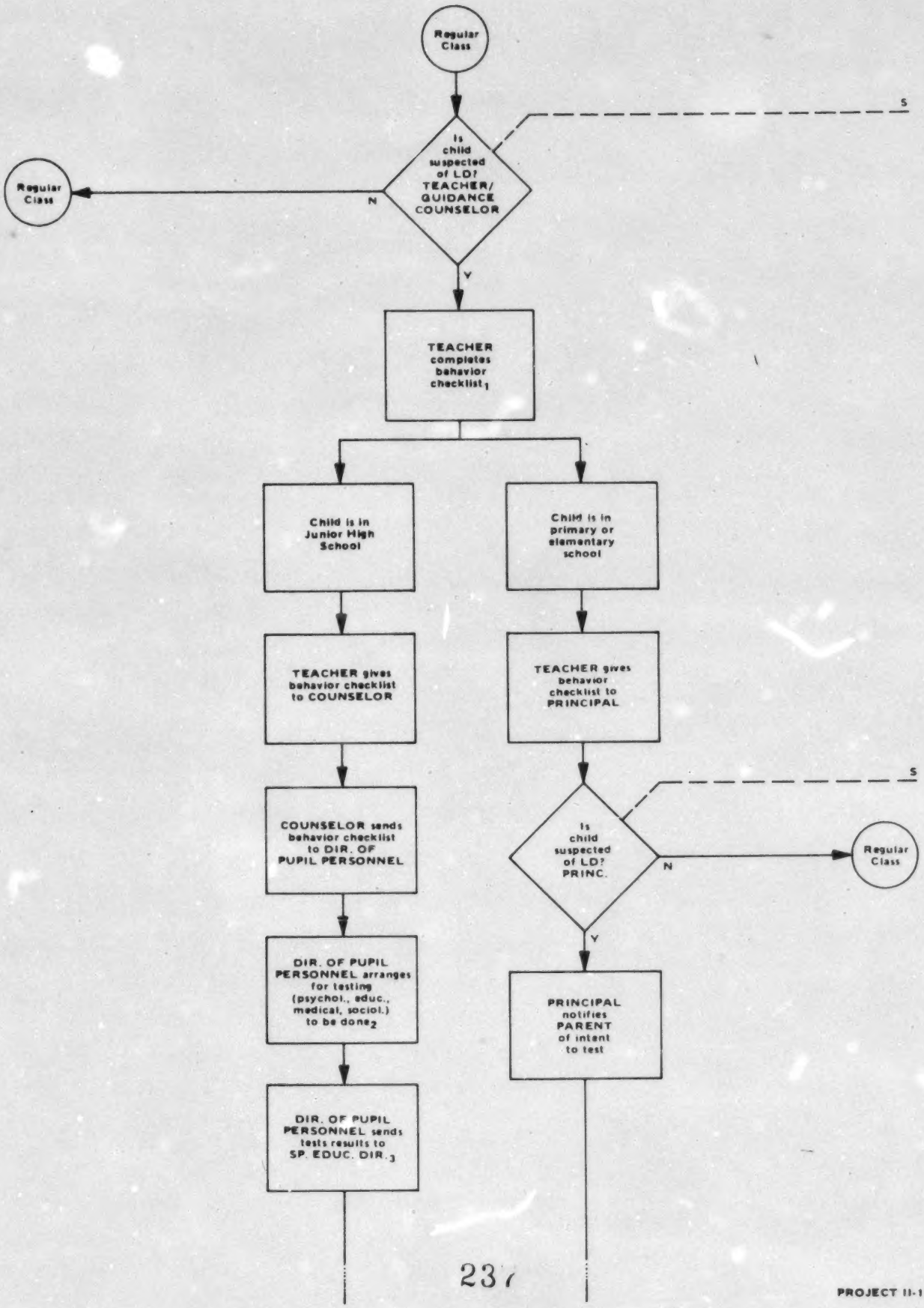
4. "Below Normal" is defined as below 70 IQ.

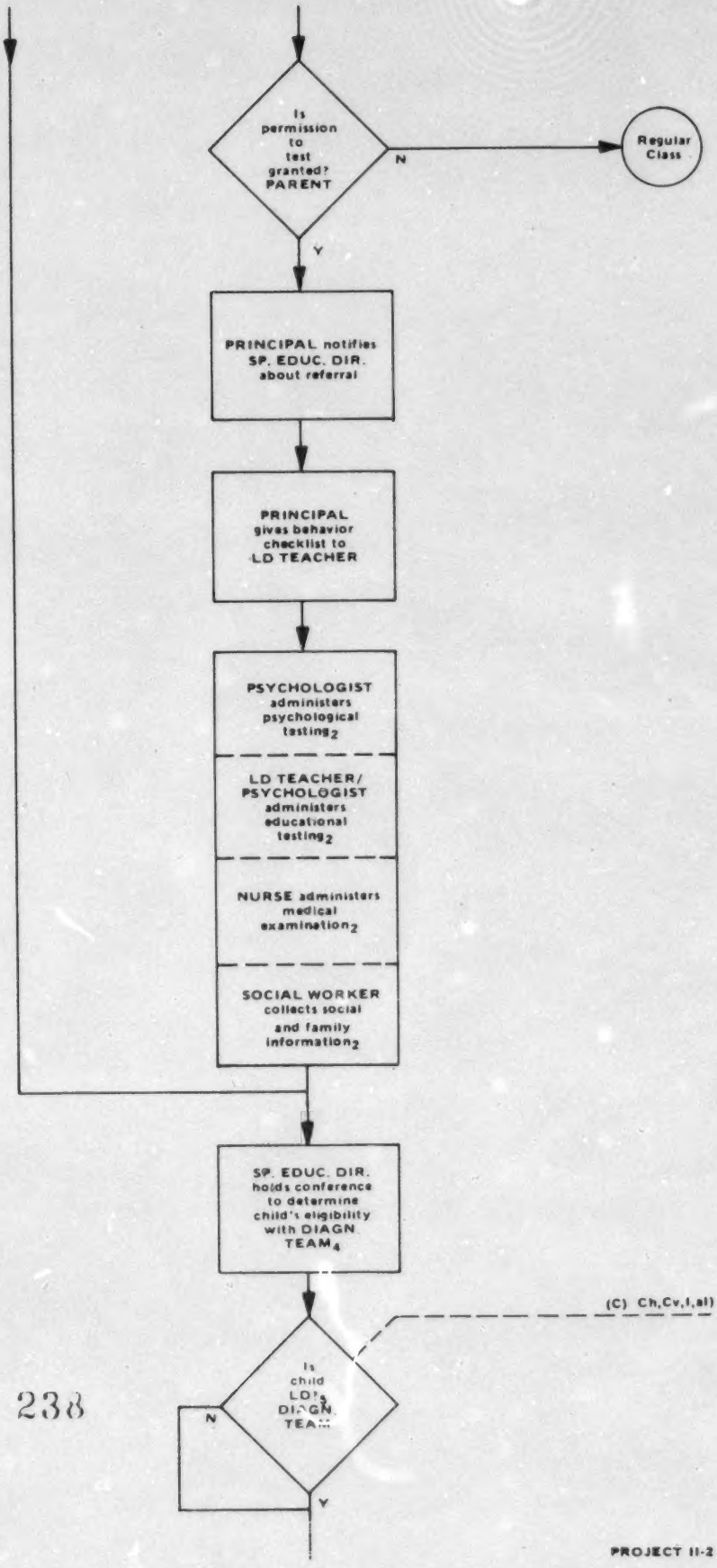
5. The child must be below Mental Age by at least 2 years on at least 3 subtests of the Detroit.

6. The child must be below Mental Age by at least 2 years on either the Stanford reading or arithmetic achievement test.

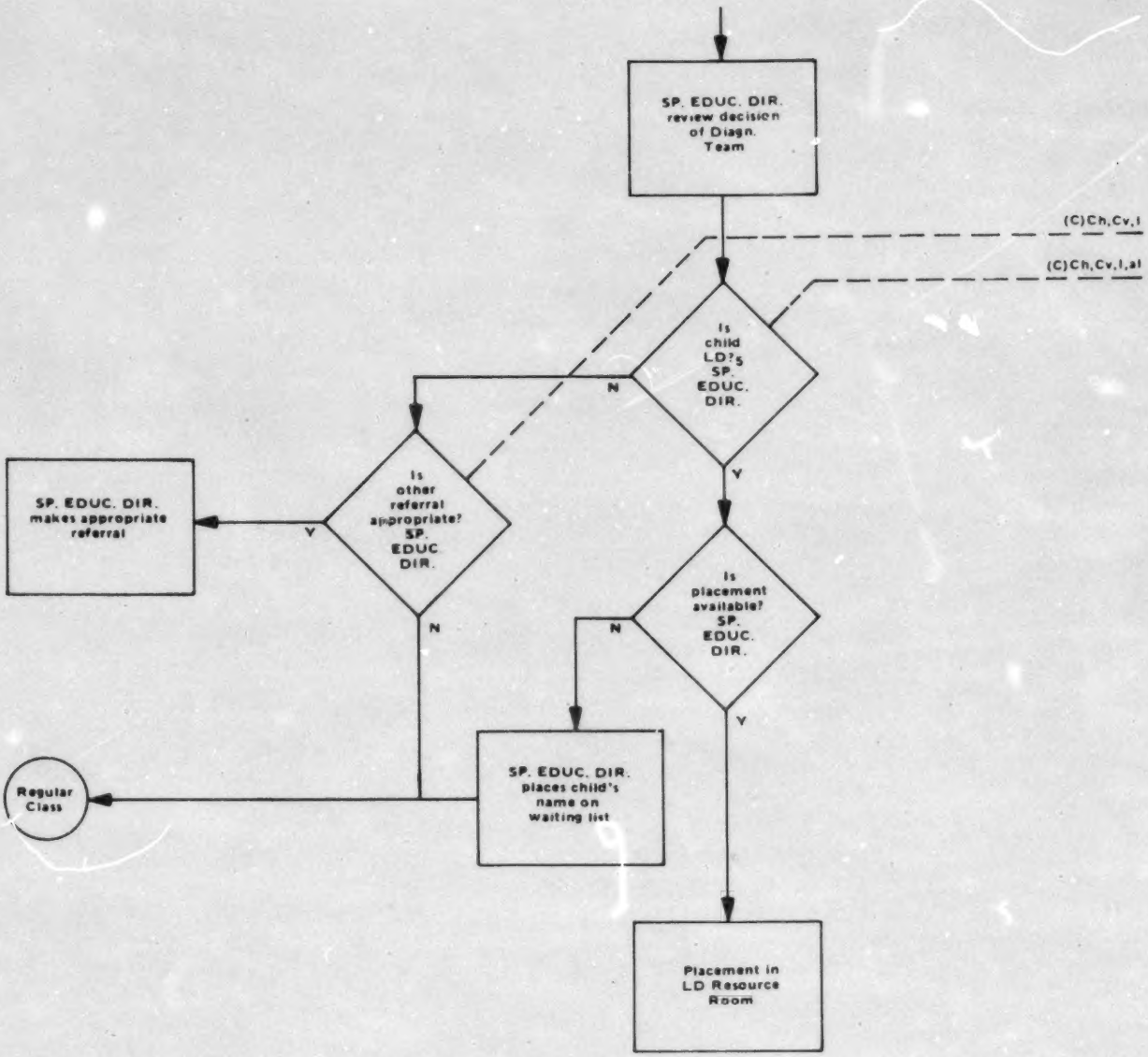
7. This includes reviewing permanent records, talking to teachers, talking to student.

8. The criteria applied here are probably less exacting than in the mass screening process. The LD Diagnostician alone decides if the child meets the criteria, or if another referral is needed, or if the problem can be solved in the regular class.


Regular Class
S
Is child suspected of LD? TEACHER/ GUIDANCE COUNSELOR
N
Regular Class
Y
TEACHER completes behavior checklist 1
Child is in Junior High School
Child is in primary or elementary school
TEACHER gives behavior checklist to COUNSELOR
TEACHER gives behavior checklist to PRINCIPAL
COUNSELOR sends behavior checklist to DIR. OF PUPIL PERSONNEL
S
Is child suspected of LD? PRINC.
N
Regular Class
Y
DIR. OF PUPIL PERSONNEL arranges for testing (psychol., educ., medical, sociol.) to be done 2
PRINCIPAL notifies PARENT of intent to test
DIR. OF PUPIL PERSONNEL sends tests results to SP. EDUC. DIR. 3


Is permission to test granted? PARENT
N
Regular Class
Y
PRINCIPAL notifies SP. EDUC. DIR. about referral
PRINCIPAL gives behavior checklist to LD TEACHER
PSYCHOLOGIST administers psychological testing2
LD TEACHER/ PSYCHOLOGIST administers educational testing2
NURSE administers medical examination2
SOCIAL WORKER collects social and family information2
SP. EDUC. DIR. holds conference to determine child's eligibility with DIAGN. TEAM4
(C) Ch,Cv,I,al)
Is child LD? DIAGN. TEAM
N
Y

PROJECT II-2


SP. EDUC. DIR. review decision of Diagn. Team
(C)Ch,Cv,I
(C)Ch,Cv,I,al
Is child LD?s SP. EDUC. DIR.
N
Y
Is other referral appropriate? SP. EDUC DIR.
V
SP. EDUC. DIR. makes appropriate referral
N
Is placement available? SP. EDUC. DIR.
N
Y
Regular Class
SP. EDUC. DIR. places child's name on waiting list
Placement in LD Resource Room

I. GENERAL INFORMATION

1. Project Code Word: II

2. Delivery System for Intervention: LD Resource Room (Grades 1-8)

3. Initial Entry: Referral (Teacher/Guidance Counselor)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   Guidance Counselor
   Principal
   Diagnostic Team (Director of Special Education, Psychologist, social worker, nurse, LD Teacher, referring teacher, Principal)

   b) Constraining decisions: Parent
   Director of Special Education

II. SPECIAL NOTATIONS

(footnotes refer to notations in flow-chart)

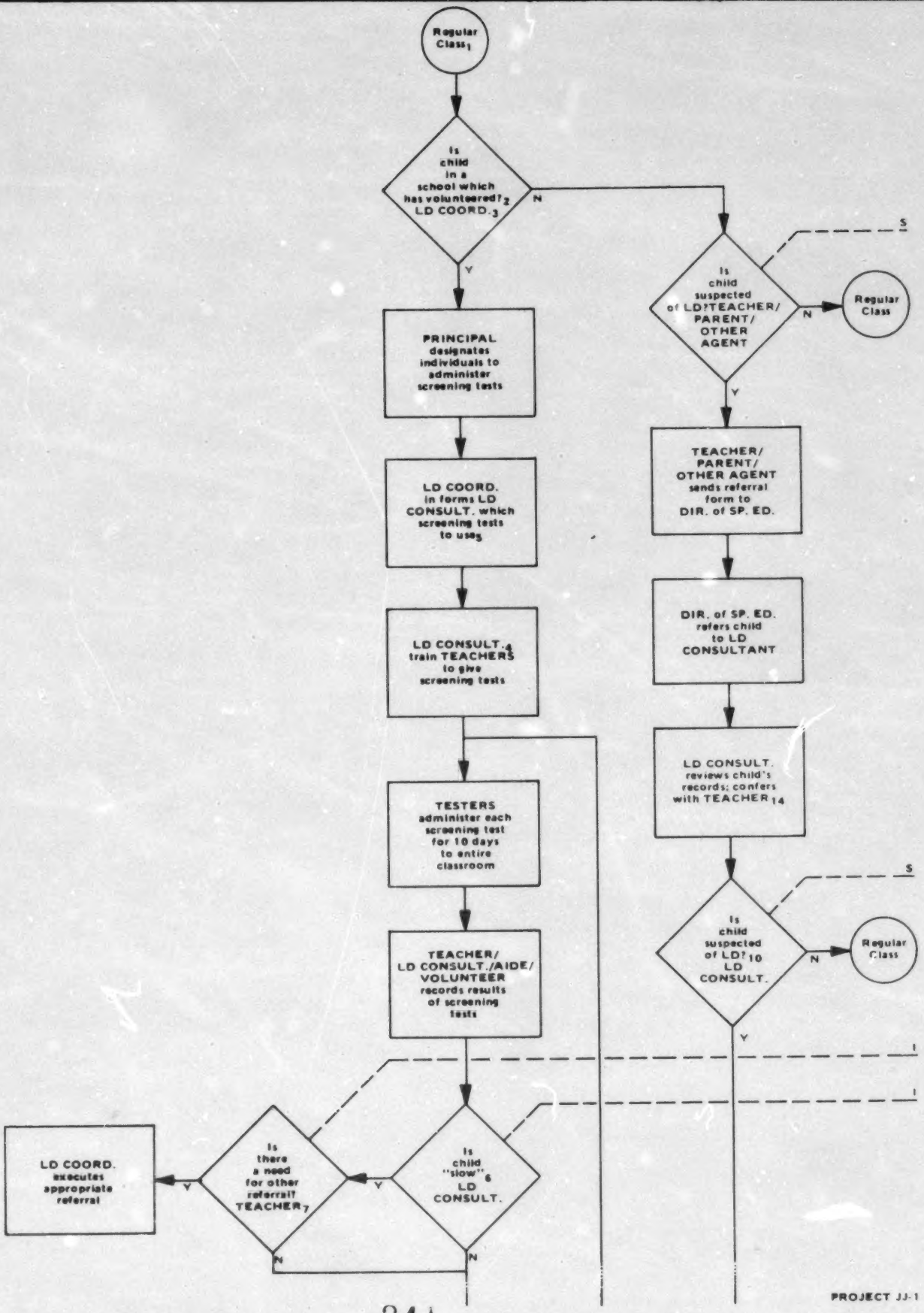
1. The Rubin, Simson & Betwee Behavior Checklist is recommended by the Title VI-G project, but some districts use their own, locally developed checklist.

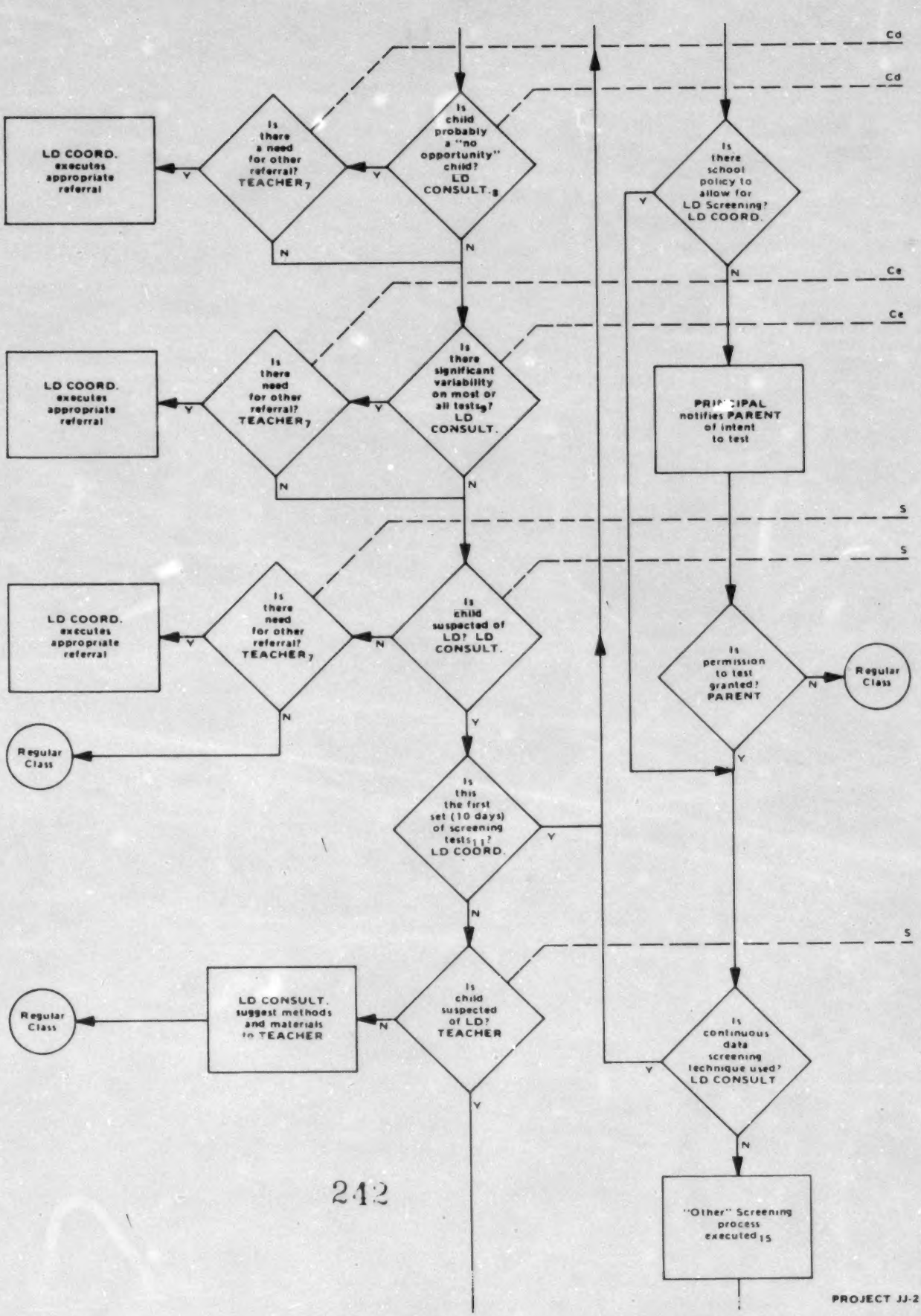
2. The psychological testing includes the WISC, ITPA, and possibly other evaluations of mental abilities. Educational testing could include Slingerland, Frostig, Berry, PIAT, etc. (Engleman, PPVT, & Evanston Early Identification Scale were used for kindergarten). Medical exam includes vision and hearing tests. In addition, all children in special education are supposed to have a medical examination by their physician.

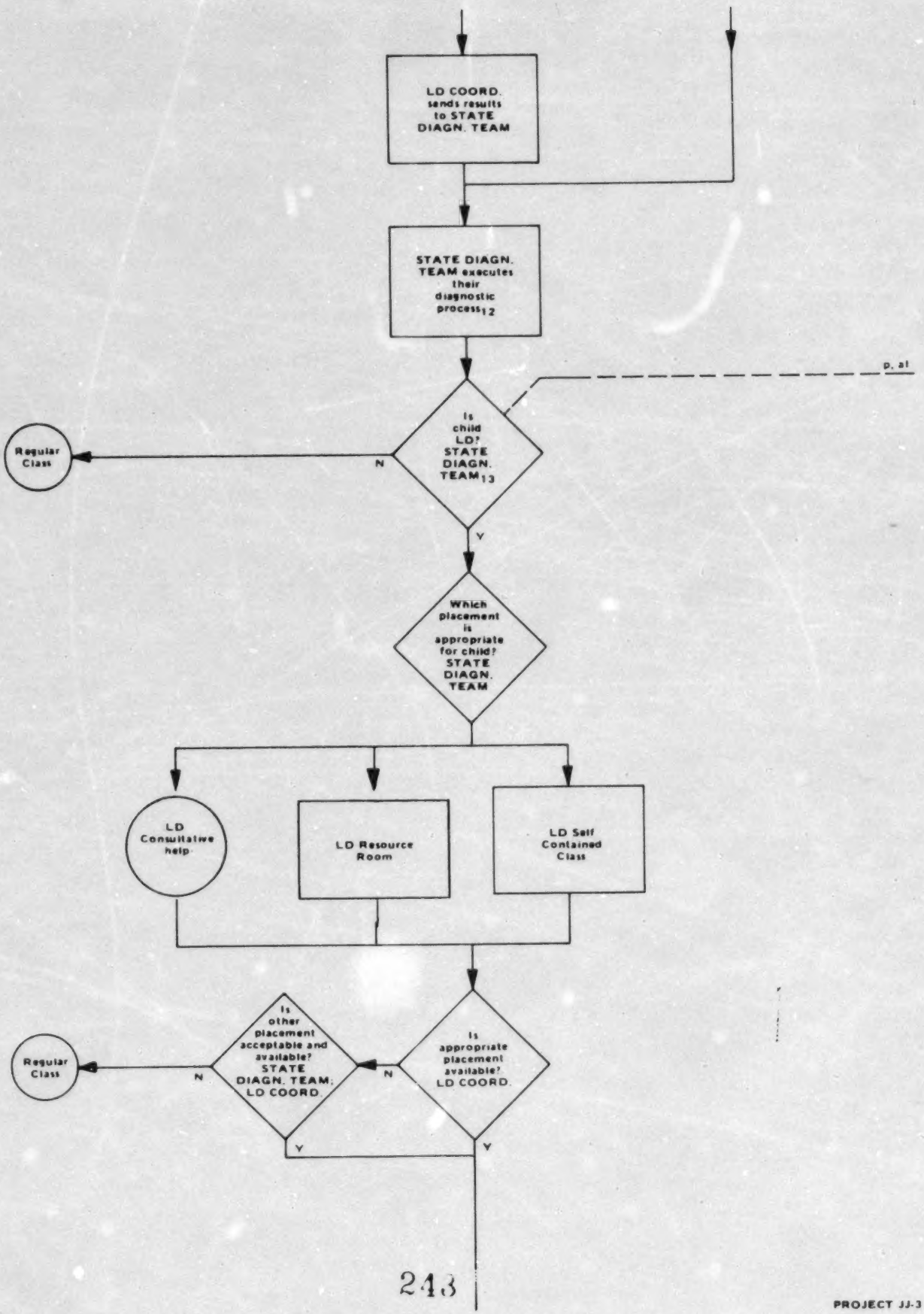
3. In districts without a specified Director of Special Education, the Superintendent will appoint someone else usually either the psychologist, the social worker, or the elementary supervisor.

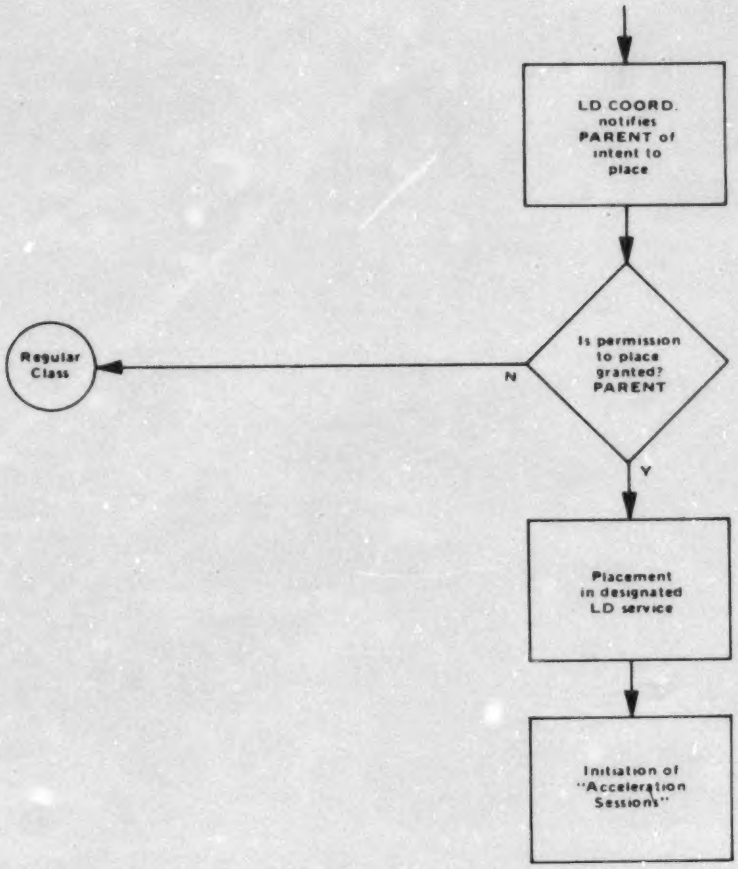
4. Consists of Director of Special Education (or person so-named by superintendent), psychologist, social worker, nurse, LD teacher, principal, referring teacher, and possibly others involved with child.

5. Criteria for elimination were not discussed in the interview; however, state guidelines specify that there be no sensory handicap (as the primary problem), that IQ be 90 or above, and that there be a discrepancy between IQ and achievement.


Regular Class 1
Is child in a school which has volunteered? 2 LD COORD. 3
N
Y
Is child suspected of LD? TEACHER/ PARENT/ OTHER AGENT
S
N
Regular Class
Y
PRINCIPAL designates individuals to administer screening tests
TEACHER/ PARENT/ OTHER AGENT sends referral form to DIR. of SP. ED.
LD COORD. in forms LD CONSULT. which screening tests to use 5
DIR. of SP. ED. refers child to LD CONSULTANT
LD CONSULT. 4 train TEACHERS to give screening tests
LD CONSULT. reviews child's records; confers with TEACHER 14
TESTERS administer each screening test for 10 days to entire classroom
S
Is child suspected of LD? 10 LD CONSULT.
N
Regular Class
Y
TEACHER/ LD CONSULT./AIDE/ VOLUNTEER records results of screening tests
I
I
LD COORD. executes appropriate referral
Y
Is there a need for other referral? TEACHER 7
Y
Is child "slow" 6 LD CONSULT.
N
N
PROJECT JJ-1


Cd
Cd
Is there school policy to allow for LD Screening? LD COORD.
Y
N
Is there a need for other referral? TEACHER7
Y
Is child probably a "no opportunity" child? LD CONSULT.8
Y
N
LD COORD. executes appropriate referral
Ce
Ce
PRINCIPAL notifies PARENT of intent to test
Is there significant variability on most or all tests9? LD CONSULT.
Y
Y
N
N
LD COORD. executes appropriate referral
Is there need for other referral? TEACHER7
S
S
Is permission to test granted? PARENT
N
Regular Class
Y
Is child suspected of LD? LD CONSULT.
Y
N
LD COORD. executes appropriate referral
Is there need for other referral? TEACHER7
N
Regular Class
Is this the first set (10 days) of screening tests11? LD COORD.
Y
N
S
Is continuous data screening technique used? LD CONSULT
Y
N
Is child suspected of LD? TEACHER
N
Y
LD CONSULT. suggest methods and materials to TEACHER
Regular Class
"Other" Screening process executed15
PROJECT JJ-2


LD COORD. sends results to STATE DIAGN. TEAM
STATE DIAGN. TEAM executes their diagnostic process 12
p. a1
Is child LD? STATE DIAGN. TEAM 13
N
Regular Class
Y
Which placement is appropriate for child? STATE DIAGN. TEAM
LD Consultative help
LD Resource Room
LD Self Contained Class
Is appropriate placement available? LD COORD.
N
Is other placement acceptable and available? STATE DIAGN. TEAM; LD COORD.
N
Regular Class
Y
Y


LD COORD. notifies PARENT of intent to place
Is permission to place granted? PARENT
N
Regular Class
Y
Placement in designated LD service
Initiation of "Acceleration Sessions"

I. GENERAL INFORMATION

1. Project Code Letter: JJ

2. Delivery System for Intervention: LD Consultant (Grades K-3)
   LD Resource Room
   LD Self-Contained Class

3. Initial Entry: Mass Screening

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: LD Coordinator
   LD Consultant
   Teacher
   State Diagnostic Team

   b) Constraining decisions: LD Coordinator
   State Diagnostic Team
   Parent
   LD Consultant

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. This flow-chart is an attempt to mesh a State-plan system and a specific Title VI-G system into one. Our apologies for any inconsistencies or misinterpretations that have resulted.

2. A Principal must permit mass screening to occur.

3. The LD Coordinator is the Title VI-G local project Director.

4. LD Consultant Staff consists of four LD Specialists; they not only train Teachers - they train parents and administrators to give the tests.

5. The screening tests are measurement of designated movement cycles (MC); the Coordinator determines which 2 or 3 MC to use at each grade level, depending on the results of testing from the previous year. Thus, there is decision-making in this event.

6. All decisions are based on values of performance (frequency) and growth (celeration). To qualify as "low" the child must be ½ or more below the class median on 2 or 3 MC.
   Child is considered "slow" and "low growth" if he has low performance (frequency) and low celeration.

7. Even though the cut-off criteria are established, the teacher must affirm further referral.

8. "No opportunity" is assumed on basis of Low Performance (frequency) - High Celeration on the 2 or 3 MC; there are two other possibilities:
   a) high frequency - Low Celeration is considered as evidence that the task was too easy for the child.
   b) high frequency - High Celeration is considered evidence that the child is proceeding satisfactorily.

9. Exact criteria for "variability" are not known; however, this circumstance is interpreted as indication of "disturbance", i.e., these children had behaviors that were disturbing to the teacher.

10. Suspicion of LD is based on pattern of High and Low Performance on 2 or 3 MC.

11. Final decisions are based on administering the 10 testing sessions twice (this is being reduced to 5 testing sessions twice).

12. No attempt is made here to detail that process.

13. Eligibility criteria are as follows:

   (i) The child when tested individually achieves within near average, average or above average ranges of intellectual functioning.

   (ii) The child shows a deficit in visual and/or auditory functioning including discrimination, memory and integration in visual and/or auditory functioning.

   (iii) The child shows a reading performance significantly below that expected for his age, grade and intelligence level.

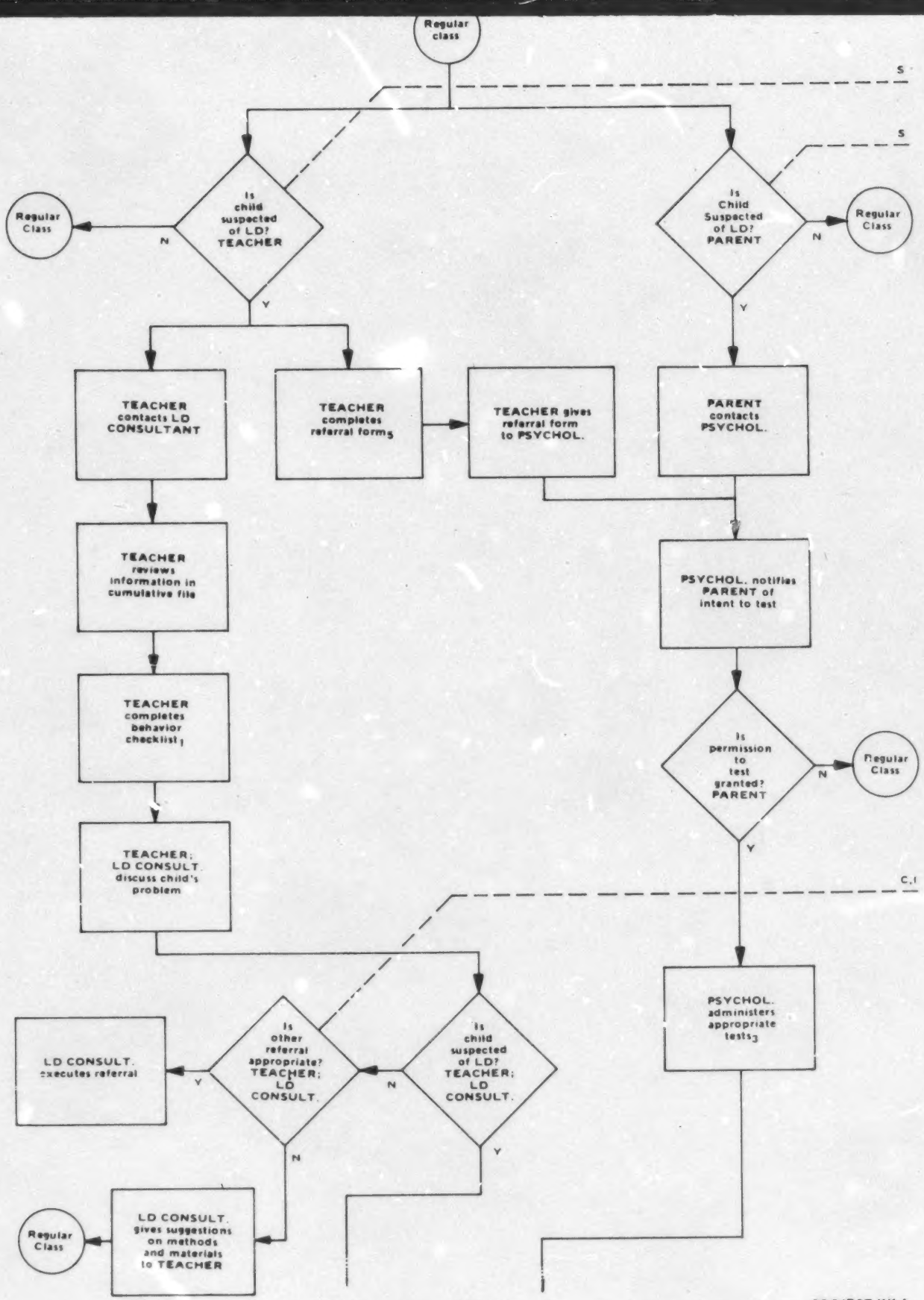
   (iv) The child shows a spelling performance significantly below that expected for his age, grade and intelligence level.

   (v) The child may show a significant deficit on visual-motor-development tests.

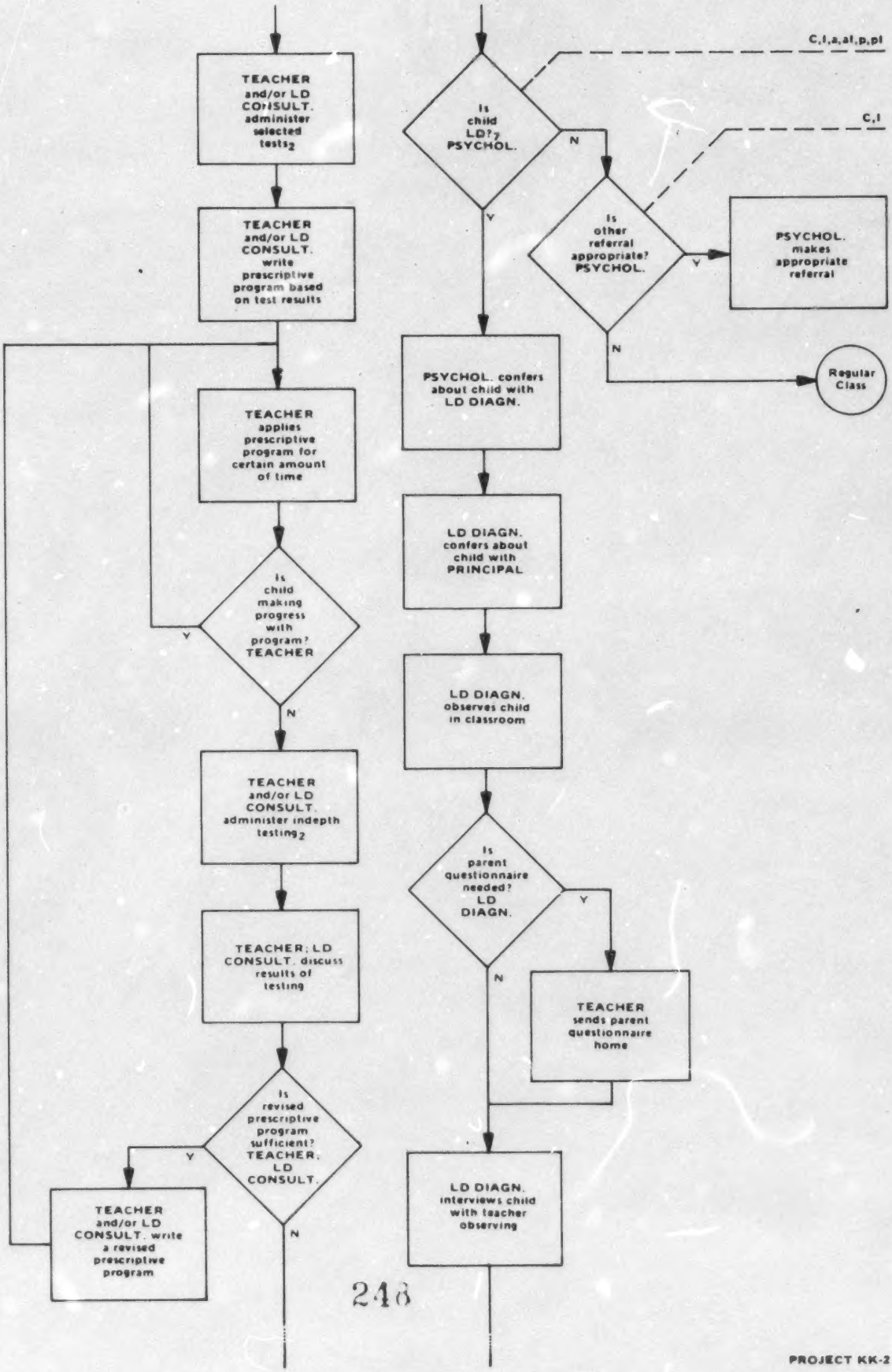
   (vi) The child may show an arithmetic deficit significantly below that expected for his age, grade and intelligence level.

14. This may include having the teacher collect classroom data and discussing that.

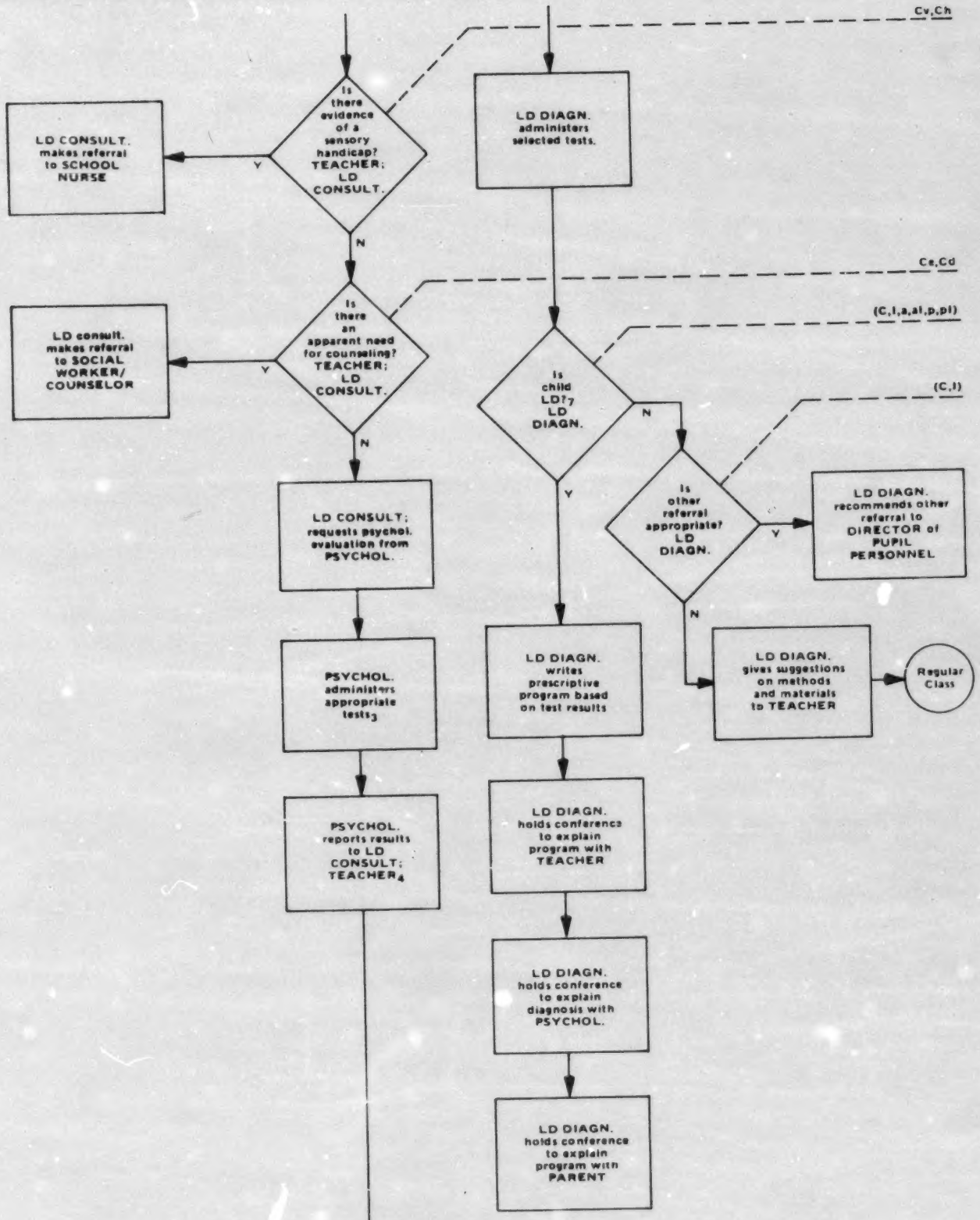
15. The "other" screening process means whatever local system exists.

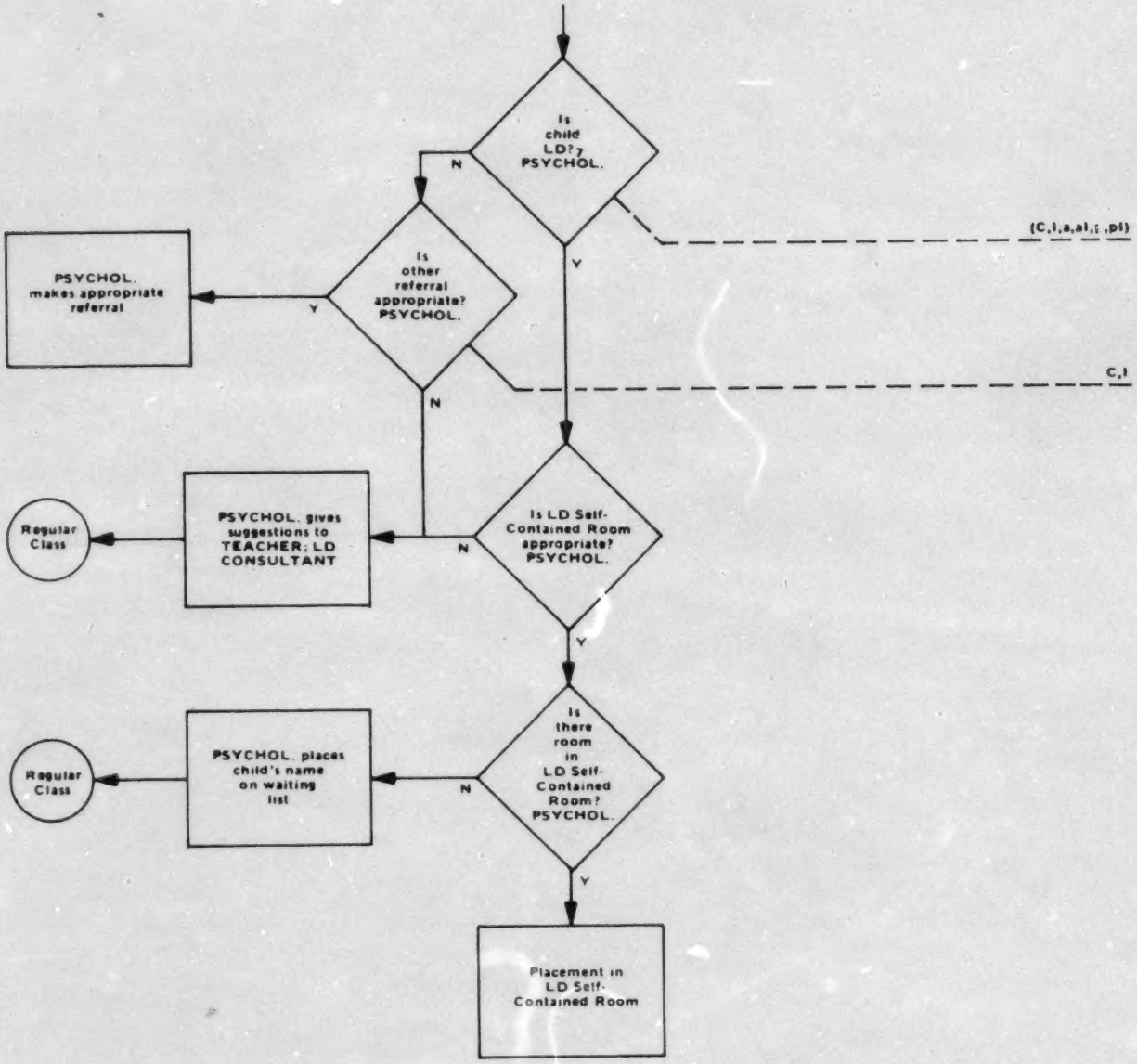

Regular class
S
S
Is child suspected of LD? TEACHER
N
Regular Class
Y
Is Child Suspected of LD? PARENT
N
Regular Class
Y
TEACHER contacts LD CONSULTANT
TEACHER completes referral forms
TEACHER gives referral form to PSYCHOL.
PARENT contacts PSYCHOL.
TEACHER reviews information in cumulative file
PSYCHOL. notifies PARENT of intent to test
TEACHER completes behavior checklist
Is permission to test granted? PARENT
N
Regular Class
Y
TEACHER; LD CONSULT. discuss child's problem
C.I
PSYCHOL. administers appropriate tests
LD CONSULT. executes referral
Y
Is other referral appropriate? TEACHER; LD CONSULT.
N
Is child suspected of LD? TEACHER; LD CONSULT.
Y
N
Regular Class
LD CONSULT. gives suggestions on methods and materials to TEACHER

PROJECT KK-1


TEACHER and/or LD CONSULT. administer selected tests
TEACHER and/or LD CONSULT. write prescriptive program based on test results
TEACHER applies prescriptive program for certain amount of time
Is child making progress with program? TEACHER
Y
N
TEACHER and/or LD CONSULT. administer indepth testing
TEACHER; LD CONSULT. discuss results of testing
Is revised prescriptive program sufficient? TEACHER, LD CONSULT.
Y
N
TEACHER and/or LD CONSULT. write a revised prescriptive program
Is child LD? PSYCHOL.
C,I,a,af,p,pl
C,I
Is other referral appropriate? PSYCHOL.
PSYCHOL. makes appropriate referral
Regular Class
PSYCHOL. confers about child with LD DIAGN.
LD DIAGN. confers about child with PRINCIPAL
LD DIAGN. observes child in classroom
Is parent questionnaire needed? LD DIAGN.
TEACHER sends parent questionnaire home
LD DIAGN. interviews child with teacher observing

PROJECT KK-2


Cv,Ch
Is there evidence of a sensory handicap? TEACHER; LD CONSULT.
LD CONSULT. makes referral to SCHOOL NURSE
Y
N
LD DIAGN. administers selected tests.
Ce,Cd
Is there an apparent need for counseling? TEACHER; LD CONSULT.
LD consult. makes referral to SOCIAL WORKER/ COUNSELOR
Y
N
(C,I,a,al,p,pl)
Is child LD?7 LD DIAGN.
N
Y
(C,I)
Is other referral appropriate? LD DIAGN.
Y
LD DIAGN. recommends other referral to DIRECTOR of PUPIL PERSONNEL
N
LD DIAGN. gives suggestions on methods and materials to TEACHER
Regular Class
LD CONSULT; requests psychol. evaluation from PSYCHOL.
PSYCHOL. administers appropriate tests3
PSYCHOL. reports results to LD CONSULT; TEACHER4
LD DIAGN. writes prescriptive program based on test results
LD DIAGN. holds conference to explain program with TEACHER
LD DIAGN. holds conference to explain diagnosis with PSYCHOL.
LD DIAGN. holds conference to explain program with PARENT


Is child LD?, PSYCHOL.
N
Y
(C,I,a,al,; ,pl)
Is other referral appropriate? PSYCHOL.
Y
PSYCHOL. makes appropriate referral
C,I
N
Is LD Self-Contained Room appropriate? PSYCHOL.
N
PSYCHOL. gives suggestions to TEACHER; LD CONSULTANT
Regular Class
Y
Is there room in LD Self-Contained Room? PSYCHOL.
N
PSYCHOL. places child's name on waiting list
Regular Class
Y
Placement in LD Self-Contained Room

I. GENERAL INFORMATION

1. Project Code Letter: KK

2. Delivery System for Intervention: LD Consultative (Grades K-12)
   LD Self-Contained Room

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   LD Consultant
   Psychologist
   Parent
   LD Diagnostician

   b) Constraining decisions: Teacher
   LD Consultant
   Parent
   LD Diagnostician

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. There are 2 available checklists, one a locally developed instrument, the other reproduced from Early Years (Spring 1971) and called "Learning Problems Checklist." The choice is left up to the particular LD Consultant with whom a teacher works.

2. Initially much of this testing is done by the LD Consultant, but the teacher will do more as she becomes more familiar with the instruments. There are initial demonstration-practice sessions, but even after that the Teacher and LD Consultant continue to work very closely.

   The Project has a list of acceptable tests, which are used both here and in the later in-depth testing (if that is needed). The LD Consultant (and later, the teacher) chose the tests that appear to be most appropriate:

   Gross Motor Skills Survey (locally developed)
   Unity of Laterality Survey (adopted from Leavell Hand-Eye Coordination Test (1959).
   Slosson
   VMI (Develop Test of Visual Motor Integration - Beery)
   Wepman (Auditory Discrimination Test)
   Frostig (Test of Visual Perception)
   Informal Diagnostic Inventory (locally developed)
   Slingerland (Slingerland Screening Tests for Children with Specific Language Disability).
   Botel Word Recognition Test
   Botel Word Opposites Comprehension Test.

Word Discrimination Test (Huelsman Reading Inventory; Math Inventory (criterion-referenced tests from University of Oregon)
Diagnostic Reading Aptitude and achievement tests (Monroe-Sherman)
Gray Oral Reading Test
Diagnostic Spelling Test (William Kortmeyer)
Diagnostic Test of Word Perception Skills (locally developed)
Alphabet Mastery Test (Merrill)
Roswell-Chall Auditory Blending Test
Key Math
PPVT
Motor-Free Visual Perception Test
Peabody Individual Achievement Test
ITPA (only test which cannot be administered by classroom teacher)

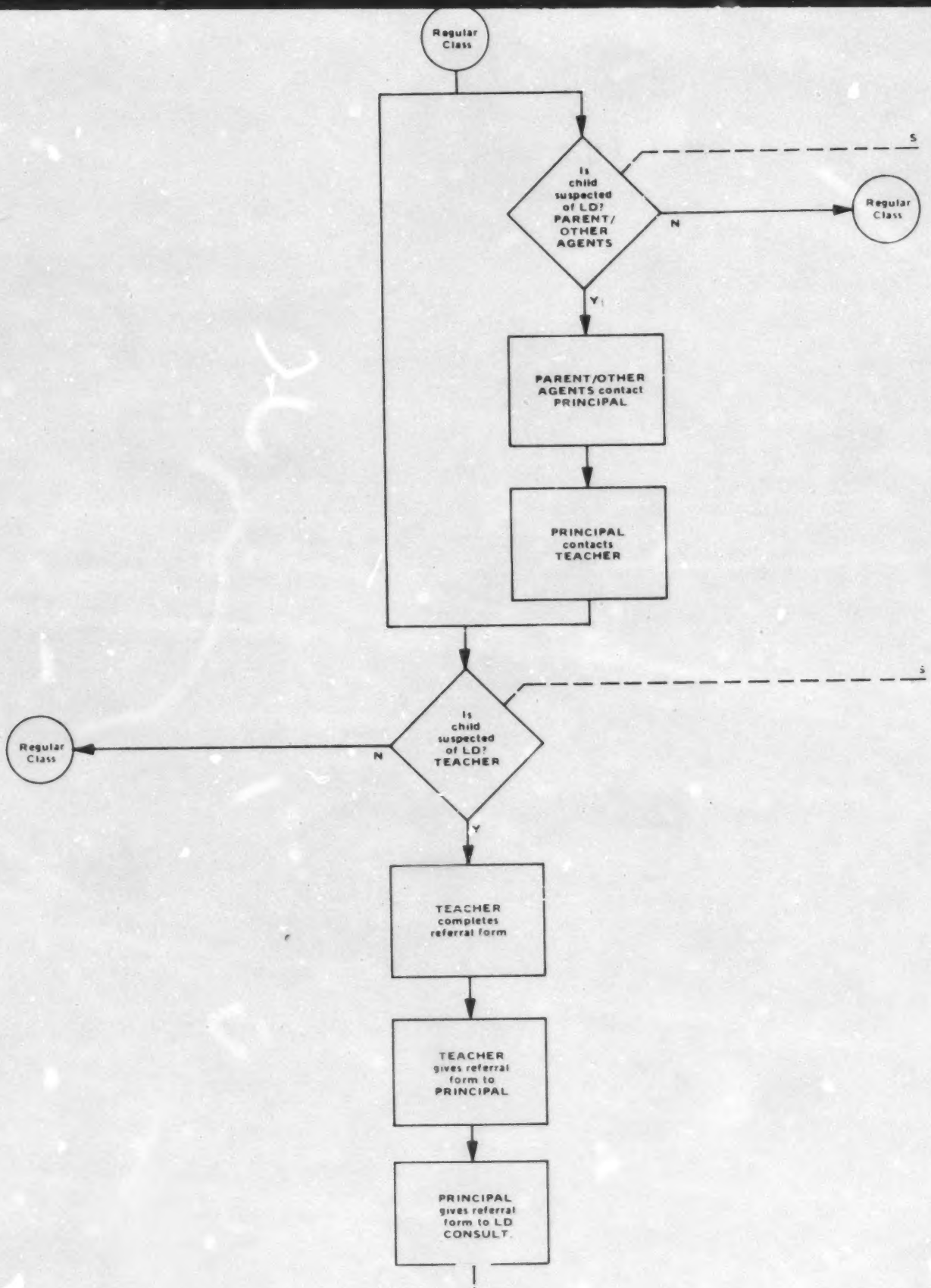
3. This would include WISC, since this is required for placement in LD Self-Contained Room. Other tests are not known.

4. The LD Consultant and teacher are not bound to accept the Psychologist's decision but they aren't likely to argue with a recommended placement if they've tried already to work with the child in the regular class. Of course, if the Psychologist evaluates the child as not eligible for special class placement, there is nothing that can be done unless they can change his mind.

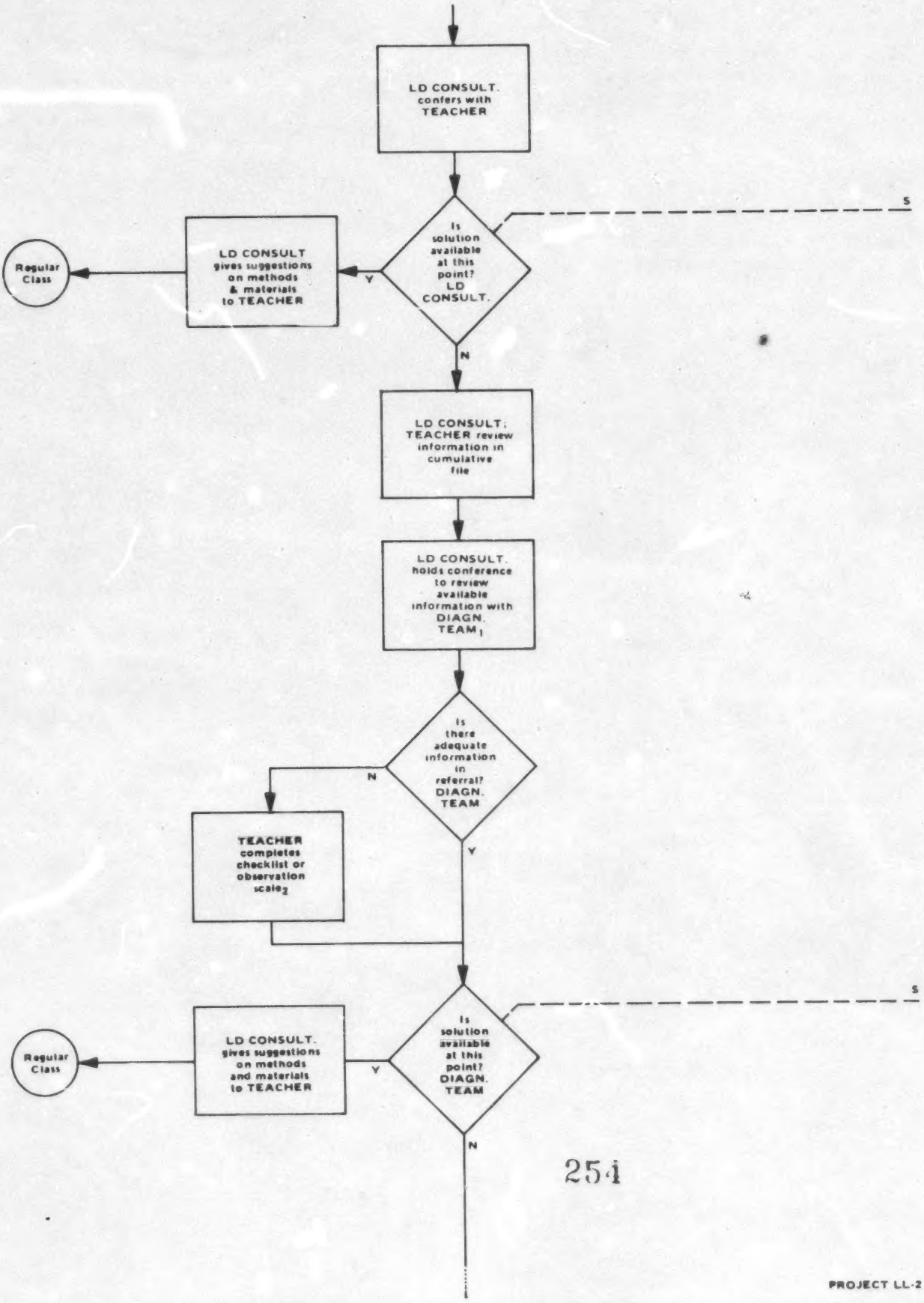
5. Teachers who aren't familiar with the consultative services would normally just make a referral for testing to the psychologist. If after testing the child, s/he found evidence of an LD, the child would be referred to an LD Diagnostician. This person is part of the Title VI-G Project, but functions in a slightly different capacity from the LD Consultants, in order to take care of the "over-flow" students coming from the psychological services division.

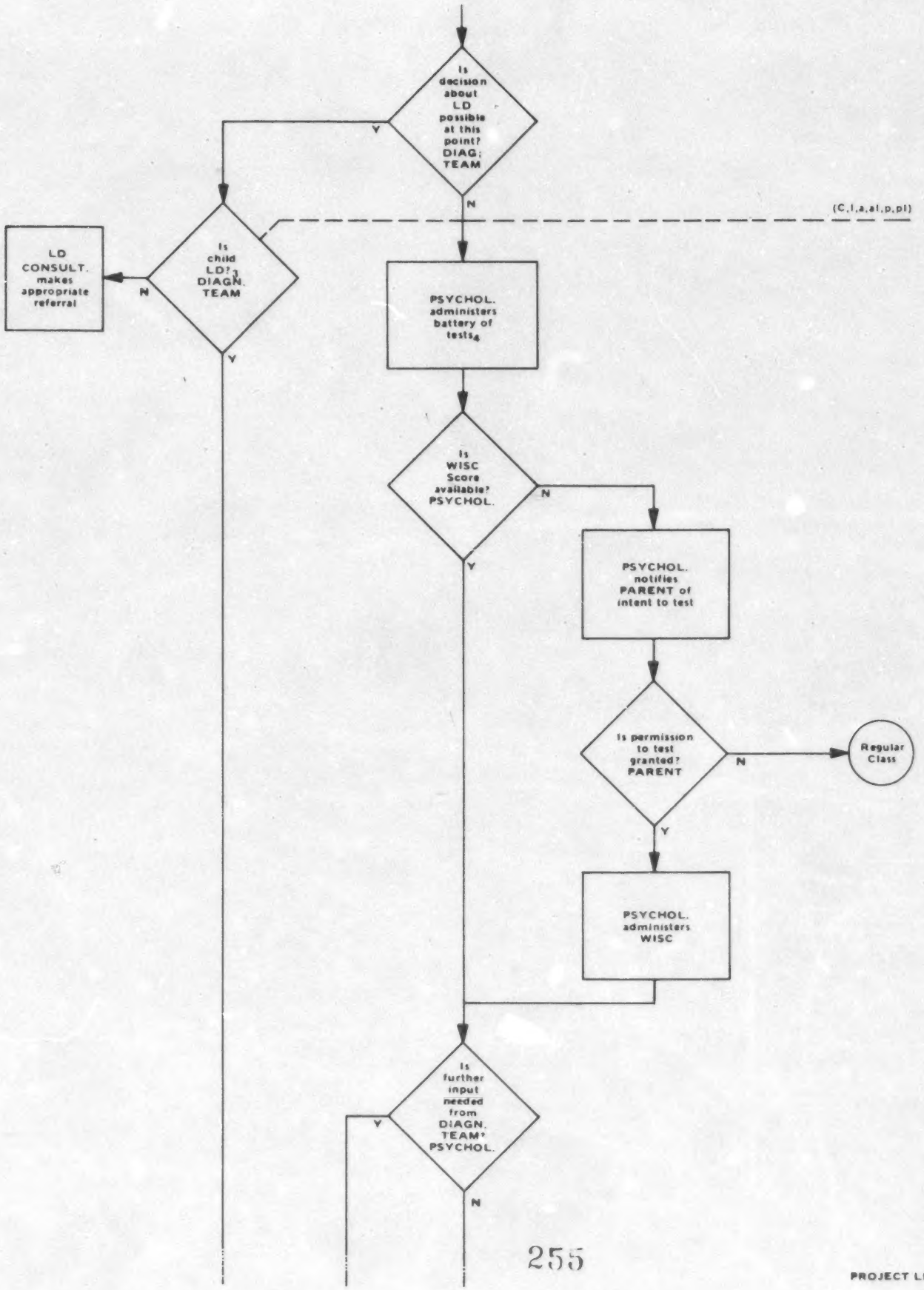
6. There is no information regarding the criteria used here.

7. All inclusion decisions are listed, since we are unsure of the true process.

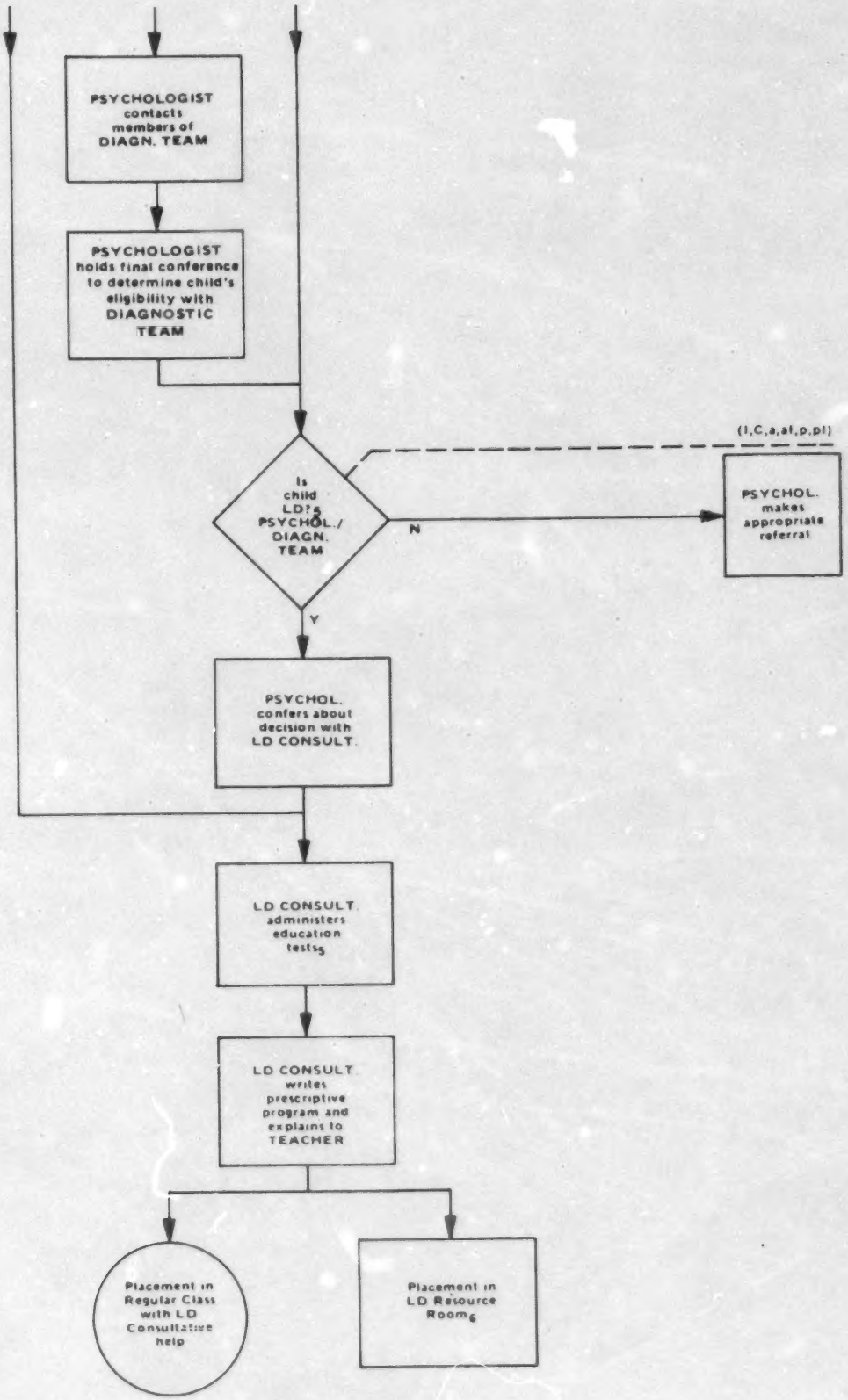

Regular Class
Is child suspected of LD? PARENT/ OTHER AGENTS
S
N
Regular Class
Y
PARENT/OTHER AGENTS contact PRINCIPAL
PRINCIPAL contacts TEACHER
Is child suspected of LD? TEACHER
S
N
Regular Class
Y
TEACHER completes referral form
TEACHER gives referral form to PRINCIPAL
PRINCIPAL gives referral form to LD CONSULT.

PROJECT LL-1


LD CONSULT. confers with TEACHER
Is solution available at this point? LD CONSULT.
S
Y
LD CONSULT gives suggestions on methods & materials to TEACHER
Regular Class
N
LD CONSULT; TEACHER review information in cumulative file
LD CONSULT. holds conference to review available information with DIAGN. TEAM1
Is there adequate information in referral? DIAGN. TEAM
N
Y
TEACHER completes checklist or observation scale2
Is solution available at this point? DIAGN. TEAM
S
Y
LD CONSULT. gives suggestions on methods and materials to TEACHER
Regular Class
N


Is decision about LD possible at this point? DIAG; TEAM
Y
N
(C,I,a,al,p,pl)
Is child LD? DIAGN. TEAM
N
LD CONSULT. makes appropriate referral
Y
PSYCHOL. administers battery of tests
Is WISC Score available? PSYCHOL.
N
Y
PSYCHOL. notifies PARENT of intent to test
Is permission to test granted? PARENT
N
Regular Class
Y
PSYCHOL. administers WISC
Is further input needed from DIAGN. TEAM? PSYCHOL.
Y
N

PROJECT LL-3


PSYCHOLOGIST contacts members of DIAGN. TEAM
PSYCHOLOGIST holds final conference to determine child's eligibility with DIAGNOSTIC TEAM
(I,C,a,al,p,pl)
Is child LD? PSYCHOL./ DIAGN. TEAM
N
PSYCHOL. makes appropriate referral
Y
PSYCHOL. confers about decision with LD CONSULT.
LD CONSULT. administers education tests
LD CONSULT. writes prescriptive program and explains to TEACHER
Placement in Regular Class with LD Consultative help
Placement in LD Resource Room

PROJECT LL-4

I. GENERAL INFORMATION

1. Project Code Letter: LL

2. Delivery System for Intervention: LD Consultative (Grades K-6)
   LD Resource Room

3. Initial Entry: Referral (Teacher/Parent/Other Agent)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Teacher
   parent/other Agents
   LD Consultant
   Diagnostic Team
   Psychologist

   b) Constraining decisions: Diagnostic Team (LD Consultant, Principal, Psychologist, Speech Therapist, Teacher)

   Psychologist

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Diagnostic Team includes LD Consultant, Principal (who is the nominal head), Psychologist, Speech Therapist, Teacher. Their basic function is to decide whether testing is needed to make a decision. In one case the LD Consultant is most influential; in another case, the Psychologist is.

2. The instrument used is up to the teacher.

3. At this point, the criteria for determining that an LD exists is unclear. It must be assumed, therefore, that all the inclusion and exclusion questions are asked.

4. Includes ITPA, Bender, Wepman, WRAT, and WISC. (unless it has been given).

5. Specific tests are not designated. The purpose of this testing, however, is to pin-point deficit areas for the prescription-writing.

6. Since this project is in a rural area, only a few schools will have LD Resource Rooms, but where available they will be used. The majority of prescriptive programs are carried out in Regular Class.